Mancelona Elementary School EARLY RELEASE FORM

5230 F1

Student's Name		
	safety and well-being of your child, he/she w /guardian or a person authorized in writing b	
Please list below those you authorize, sign	n below, and return this to your child's schoo	1.
<u>NAME</u>	RELATIONSHIP (Friend, relative, neighbor, etc.)	<u>TELEPHONE</u>
Parent/Guardian Signature		Date

(Please fill out the other side of this very important form)

EMERGENCY MEDICAL/FIELDTRIP AUTHORIZATION PERMIT

5341 F1

Whenever my child is involved in a school activity, including field trips, and I am unavailable or otherwise unable to provide authorization directly, I grant to the school principal or his/her designee the authority to act for me and to provide any required consents and authorization for the delivery of emergency medical care, diagnoses, and treatment, including surgical intervention, if necessary, on behalf of my minor child listed below and to do all other necessary things as I might or could do to provide for the child's health and safety, if I were present.

This authorization is valid for the current school year or until such time as I withdraw the authorization.

CHILD'S NAME:						
	(Last)	(First)	(Middle)			
School	Grade	Birthdate	Sex	Phone		
Parent or Guardian Name	es (please print)					
Home Address						
Mailing Address						
Mother's Employment						
Father's Employment						
Doctor Preferred			Telephone			
Doctor's Address						
Dentist Preferred			Telephone			
Dentist's Address						
Insurance Company		I.D. N	lo			
		Important Medical Informat	tion_			
Allergies		Current Medications or Trea	atment			
Previous Operations or H	lospital Confinements					
Other						
	PAR	ENT CONSENT FOR FIEL 2004-2005	<u>D TRIP</u>			
I,			, (Parent/Guardia	an Name), permit my child,		
	I that scheduled trips are part of t	he District's educational progr	ram and provide learning	experiences of educational value to trips.		
	rmines the criteria that will allow e supervised at school while com			one week before the trip. Students		
	1 1 0		Date			
Parent/G	Guardian Signature					