

**ST. JAMES SCHOOL  
STUDENT RELEASE AND EMERGENCY CONTACT FORM  
2008-2009**

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_  
                     RD/Box #                      Street/Rd                      Village (mailing address)

Bus # (or walker) \_\_\_\_\_ Home Phone \_\_\_\_\_

Homeroom teacher \_\_\_\_\_ Grade \_\_\_\_\_

Father \_\_\_\_\_ Mother \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

According to recent New York State Law (S7737) schools can only release students to those persons whose names appear on a list provided by the parents.

In the spaces below list the names of those persons who can pick up your child at school. We will release your child only to persons who are listed below. **IT IS NOT NECESSARY TO LIST PARENTS OR LEGAL GUARDIANS.** Also, please list local, alternate persons (with telephone) to be notified if parents cannot be reached (relatives, neighbors or friends). Emergencies sometimes occur when it is necessary to be able to contact the parent or guardian of the child immediately and these alternate persons will be contacted if you are not available.

- Reminder:
1. Authorized individuals are to pick up children at the school office ONLY, not the classroom.
  2. Changes in list must be submitted on new forms at the school office.
  3. If necessary, we may request identification before releasing your child.

Name	Address	Phone

Name	Address	Phone

Name	Address	Phone

Name	Address	Phone

Name	Address	Phone

Please list below any allergies, food allergies, medical problems or other information of which the school should be aware.

The above information is current and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Legal Guardian or Parent

\_\_\_\_\_  
Date