

Sagaponack Common School
P. O. Box 1500
Sagaponack, NY 11962
Telephone (631) 537-0651
Fax (631) 537-2342

EMERGENCY RELEASE FORM

The best way to contact me in the event of an emergency is:

Who should we call first?: _____
(Ex.: Diana, Jim or Jim, Diana...)

Mom: _____

Cell Phone: _____

Home Phone: _____

Work Phone: _____

Dad: _____

Cell Phone: _____

Home Phone: _____

Work Phone: _____

*3rd Contact Person

- THIS PERSON WILL BE GIVEN THE ABILITY TO REMOVE YOUR CHILD FROM SCHOOL DURING A SCHOOL EMERGENCY; IN THE EVENT THAT BOTH PARENTS ARE UNABLE TO BE REACHED.
- PLEASE BE ADVISED THAT IT IS YOUR RESPONSIBILITY TO UPDATE THIS PERSONAL CHOICE SHOULD THERE BE ANY CHANGE IN YOUR RELATIONSHIP.
- YOUR CHILD SHOULD BE MADE AWARE OF THIS CHOICE AND FEEL COMFORTABLE LEAVING THE SCHOOL WITH THIS PERSON IN AN EMERGENCY SITUATION.
- YOUR SIGNATURES REFLECT THAT KNOWLEDGE.

Name: _____ (if we are not reachable)

Relationship: _____

Cell Phone: _____

Home Phone: _____

Work Phone: _____

Date: _____

Both Parents' Signatures:

_____ and _____

Your child's safety is our main concern. Thank you for your prompt assistance. Please return on the first day of school with your child.

Thank you,
Mrs. McGinniss
Head Teacher, Sagaponack Common School