LOMA LINDA ACADEMY CHILDREN'S CENTER
STUDENT RELEASE CARD
2018-2019

Child_____ Birth Date_____
First M.I. Last Mo/Day/Year

Address_____ City_____

Epi-Pen Allergy ☐ State_____ Zip Code _____

Father/Guardian_____Cell Phone (____)_____
First M.I. Last

Employment_____Work Phone (____)_____

LLUH ☐ yes Dept Name _____ Ext_____ Pager_____

LLU Student ☐ yes Name of School_____SDA Church Member: ☐ yes ☐ no

Mother/Guardian_____Cell Phone (____)_____
First M.I. Last

Employment_____Work Phone (____)_____

LLUH ☐ yes Dept Name _____ Ext_____ Pager_____

LLU Student ☐ yes Name of School_____SDA Church Member: ☐ yes ☐ no

Fathers's Email _____ Mother's Email_____

UNDER NO CIRCUMSTANCES WILL THE CHILD BE RELEASED TO ANYONE NOT LISTED AS PARENT/GUARDIAN OR THOSE PERSONS LISTED BELOW.

In order of priority, list at least three persons to be contacted if the parent/guardians are not available. This is in case the child becomes ill, there is an emergency, special occasions, or for every day pick up.

	First Name	Last Name	Relationship	Phone 1	Phone 2
1.					
2.					
3.					
4.					
5.					
6.					

OUT OF STATE CONTACT IN CASE OF DISASTER

	First Name	Last Name	Relationship	Phone 1	Phone 2
1.					
2.					

Child's Physician_____ Phone Number_____

Father/Guardian's Signature_____ Date_____

Mother/Guardian's Signature_____ Date_____