

# 12-for-Life

## Emergency Student Release Form

Student's High School (Circle One): *Bowdon- Carrollton- Central- Haralson- Heard- MT Zion- Temple- Vila Rica*

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_ Called Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Student Lives With: (Circle One)      Both Parents      Mother only      Father only      Other: \_\_\_\_\_

Mother or Guardian's Email Address: \_\_\_\_\_

Father or Guardian's Email Address: \_\_\_\_\_

Name of Mother or Guardian      Employer      Cell Phone      Work Phone      Home Phone

Name of Father or Guardian      Employer      Cell Phone      Work Phone      Home Phone

Name of Stepparent or Guardian      Employer      Cell Phone      Work Phone      Home Phone

Please List Names of individuals who should be contacted in case of emergency and may pick up your child from 12-for-Life. **In the case of an emergency, your child will only be released to individuals listed below.**  
(Please Print)

Last Name	First Name	Cell Phone	Work Phone	Email
1.				
2.				
3.				
4.				
5.				

Is your child taking medications on a continuous basis? YES or NO (Circle One) If yes, list name of drug and why it is being taken: \_\_\_\_\_

Does this child have any medical problems, allergies, or other problems we should know about? (Illness, Injury, Epileptic Seizures, Asthma, or Severe Allergies) \_\_\_\_\_

**Please read and sign below:** The undersigned parent/guardian of \_\_\_\_\_ does hereby grant to the 12-for-Life Site Supervisor, Carroll County Faculty/Staff, Southwire Plan Manager, Southwire Human Resource personnel, and Southwire Supervisors or any other adult as having formal supervision of the above referred to child/ward the authority to obtain emergency medical treatment of such child. Such individuals above referred to are authorized and are granted full authority and power of attorney to act in my behalf to secure and authorize medical treatment as necessary as determined by 12-for-Life and/or Southwire personnel. I agree to hold harmless the Carroll County Board of Education and Southwire Company along with any employee of either aforementioned entities exercising the authority granted hereby in securing and authorizing medical treatment of the above referred to child/ward. I agree to be financially responsible for charges of the hospital and physician made pursuant to the exercise of this authority.

This is the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. Parent/Guardian signature: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Doctor's Phone Number: \_\_\_\_\_