

Our Lady of Victory School
Emergency Dismissal Release Form

Child's Name: _____

Teacher: _____

Birthday: _____

Known Allergies: _____

Medical Concerns to be aware of: _____

Parent Name: _____ Cell Number: _____

Parent Name: _____ Cell Number: _____

In case of an emergency, my child may be released to the following individuals:

Name: _____

Address: _____

Cell Phone: _____

Name: _____

Address: _____

Cell Phone: _____

Name: _____

Address: _____

Cell Phone: _____

Name: _____

Address: _____

Cell Phone: _____