

**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?: \_\_\_\_\_

Mom: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_

Dad: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_

\*3<sup>rd</sup> 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.