

Today's Date: _____

Kingston Hill Academy Health Record

Name: _____ Date: _____

Address: _____

City: _____ Zip: _____

Mother/Guardian Name: _____

Home Phone: _____ Cell: _____ Work: _____

Father/Guardian Name: _____

Home Phone: _____ Cell: _____ Work: _____

Kingston Hill Academy Emergency Contact/Consent Release

Any parent with sole or joint custody may pick up their child from school.

Please list the names of individuals that are authorized to accept responsibility for your child's care in case of illness, emergency or early dismissal in inclement weather when a parent with legal custody is unable to pick up the child from school.

If a child is under joint custody, then either party may add/delete any names on the emergency release list at any time throughout the year.

We ask that future requests be made in writing.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Parent/Guardian Signature: _____ Date: _____