

# Northland Preparatory Academy

3300 East Sparrow Ave.  
Flagstaff, AZ 86004  
928-214-8776

## Emergency Release/Medical Information

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

In case of emergency or if I cannot be contacted, I hereby authorize the following person(s) to pick up my child:

\_\_\_\_\_  
Name (printed) Phone Number

\_\_\_\_\_  
Name (printed) Phone Number

\_\_\_\_\_  
Name (printed) Phone Number

### Parents Signature

The following person(s) **may not** remove my child from school:

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Name (printed)

### Medical Information

Does the student have any physical conditions that we should be aware of? Are there any special precautions that should be taken?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In case of injury or sudden illness \_\_\_\_\_ will be called.  
Name Phone #

I hereby give authority to any hospital or doctor to render immediate aid as might be required for my child's health and safety. It is understood by me that I will accept the expense of this service.

\_\_\_\_\_  
Parent/Guardian (print name)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date