

**Ridgecrest Adventist Elementary**  
**Emergency Information and Authorized Release Form**  
**Grades K-8, 2018-2019 (One Form per Child)**



Ridgecrest Adventist Elementary for Grades K-8  
 555 West Las Flores Avenue, Ridgecrest, CA 93555  
 www.ridgecrestacs.com

Phone: (760) 375-8673

Student Last Name		First Name		Middle Name		<input type="checkbox"/> Male <input type="checkbox"/> Female		Grade	
Student Address		City		State		Zip		Home Telephone ( )	
Other Address								Birth date	
Father's Last Name		First Name		Address		City		State Zip	
Home Telephone ( )		Place of Employment/Occupation		Work Telephone ( )		Father's Cell ( )			
Mother's Last Name		First Name		Address		City		State Zip	
Home Telephone ( )		Place of Employment/Occupation		Work Telephone ( )		Mother's Cell ( )			
Name of other child attending Adventist Christian School:			Grade	Name of other child attending Adventist Christian School:			Grade		
Name of other child attending Adventist Christian School:			Grade	Name of other child attending Adventist Christian School:			Grade		

**EMERGENCY INFORMATION**

Name of Physician		Physician's Office, Clinic, or Hospital		Physician's Telephone ( )	
Insurance Carrier		Policy Number or Insured Social Security		Insurance Telephone ( )	
Contact person when parent is not available		Relationship		Telephone ( )	
Please indicate any allergies		Please indicate any medications		Please indicate any medical problems	

In the event of sudden illness or accident requiring attention, I hereby authorize Ridgecrest Adventist Elementary to administer first aid, and if necessary, take my child to an emergency care facility, indicated by my signature below.

**AUTHORIZED STUDENT RELEASE**

In the event of illness, or major disaster that causes structural damage to Ridgecrest Adventist Elementary (such as earthquake, fire, or explosion), students will be released to authorized individuals ONLY. There will be no EXCEPTIONS. Please indicate the names of all adults (18 years or older) other than yourself who are authorized to sign for release of your child.

1. \_\_\_\_\_ Telephone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_
2. \_\_\_\_\_ Telephone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_
3. \_\_\_\_\_ Telephone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_
4. \_\_\_\_\_ Telephone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

\_\_\_\_\_  
 Parent/Legal Guardian (printed)

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

\_\_\_\_\_  
 Date