NAZARETH RELEASE FORM

FAMILY NAME:	HOME PH #: ()			
ADDRESS:				
STREET			CITY	ZIP CODE
CHILDREN'S NAME:	<u>GRADE</u> <u>N</u>	NAME:		<u>GRADE</u>
1	2			
3	4			
FATHER'S INFORMATION:	МОТН	ER'S INFORM	ATION:	
NAME:	NAME:			
BUSINESS NAME:	BUSINE	ESS NAME:		
WORK PH #: ()	WORK	PH #: ()		
CELL #: ()	CELL #	:()		
LIST FOUR ADULTS YOU AUTHO	ORIZE TO PICK UP YO	OUR CHILD IN	AN EMERGENCY/I	DISASTER:
NAME:	PH #: ()_		RELATION:_	
NAME:	PH #: ()_		RELATION:_	
NAME:	PH #: ()_		RELATION:_	
NAME:	PH #: ()_		RELATION:_	
PARENT SIGNATURE:			DATE:	
EMERGENCY INFORMATION (all	lergies and precautions)			
Name of family physician:			Ph #: ()	
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