



# Rosebud Academy

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## EMERGENCY RELEASE FORM

Please complete with the contact information you would like used for the Emergency Communication Service.

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

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

Email: \_\_\_\_\_

Complete with the information of people that are allowed to pick up your child. (#1 should be the regular pick up/ drop off person)

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

PLEASE SUPPLY  
Photo in this square

PLEASE SUPPLY  
Photo in this square

PLEASE SUPPLY  
Photo in this square

Signature

\_\_\_\_\_ Date: \_\_\_\_\_