Duval County Public Schools

Emergency Contact Information and Authorization for Release of Student from School

INSTRUCTIONS: Parent/Guardian /Surrogate please complete and return to school. Signature and date are required.				
Student Legal Name (Last, First Middle)				
Date of Birth	Student #	School	Grade	Homeroom
Student Address : House Number and Street Name, Apartment #, City, State, Zip Code, Housing Development Name (if applicable)				

Emergency

			Daytime Contact Phone and Extension	Emergency Contact?	Pick Up from School (Non-Emergency)?
				☐ YES ☐ NO	☐ YES ☐ NO
				☐ YES ☐ NO	☐ YES ☐ NO
				☐ YES ☐ NO	☐ YES ☐ NO
				☐ YES ☐ NO	☐ YES ☐ NO
				☐ YES ☐ NO	☐ YES ☐ NO

Health Screenings : Students will receive non-invasive health screenings pursuant