

The Lighthouse School

"Sailing To Success at The Lighthouse"

5701 North Frazier Street

Conroe, Texas 77303

936-856-7894

Vehicle Emergency & Release Form

Child's Name: _____ Birth Date: _____

Address: _____ City: _____ St: _____ Zip: _____

Father/Guardian Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____ E-Mail: _____

Mother/Guardian Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____ E-Mail: _____

Cell Phone Carrier: _____

Please list the 3 emergency contacts / authorized persons from your enrollment packet to pick up your child. I hereby authorize The Lighthouse School to allow my child to leave ONLY with the following persons. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.

1st Authorized Emergency Contact: _____ Relation: _____

Home Phone: _____ Cell Phone: _____

2nd Authorized Emergency Contact: _____ Relation: _____

Home Phone: _____ Cell Phone: _____

3rd Authorized Emergency Contact: _____ Relation: _____

Home Phone: _____ Cell Phone: _____

Child's Doctor: _____ Phone: _____

Medical Facility The Lighthouse uses: St. Luke's Woodlands Hospital

Phone: 936-266-2000 Address: 17200 St. Luke's Way, The Woodland's, TX 77384

Child's Allergies: _____ Current Prescribed Medication: _____

Child's Special Medical needs and/or conditions: _____

In the event of an emergency involving my child, I hereby authorize The Lighthouse School to transport my child to a secure location or to an emergency medical facility. In the event that The Lighthouse School cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during treatment of my child and to hold harmless and release The Lighthouse School from all liability.

Parent/Guardian Signature: _____ Date: _____

Staff Signature: _____ Date: _____