

## PARENT RELEASE FORM

\_\_\_\_\_ has my permission to participate in the 2023 Shattered Dreams Program. In case of emergency, I give any Aledo ISD employee (teacher or administrator) permission to get medical attention for my son/daughter. In case the emergency is a medical decision, I will not hold the sponsors or Aledo ISD responsible for the outcome of any decision.

Parent Name (printed) \_\_\_\_\_

Parent Signature \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

Student Email Address: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Student Cell Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Hospital of Your Choice \_\_\_\_\_ Phone Number \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Any food or medicine allergies  
to \_\_\_\_\_

Other previous injuries \_\_\_\_\_