Education Station
Academy
712 Main St.
Lavon, Texas 75166
972-843-2229

Emergency Release Form

I, _____, hereby give my permission to Education Station, LLC, to call or obtain the services of a physician or hospital for medical/surgical care for_____, should an emergency arise. I understand that a conscientious effort will be made to locate me or my spouse before any action will be taken. I also give my permission for my child to go on trips away from the permission of the center, weather on foot or by vehicle and to participate in supervised water activities.

_____ _____
Signature of Parent Date

Mother's Work # _____ Father's work # _____

Home Phone # _____

Individual to contact if either Parent cannot be contacted:

_____ _____
Name Phone #

State of Texas

County of _____

This instrument was acknowledged before me on the _____day of _____, 20___, by _____

My commission expires: _____

_____
Notary, State of Texas

_____
Notary's Printed Name

BOTH COPIES OF THIS RELEASE MUST BE NOTARIZED