

PRE-EMERGENCY EVACUATION RELEASE FORM

School: _____ Teacher: _____

Child's Name: _____ Birth date: _____
Last First

Home Address _____ Home Phone _____

List the names of brothers/sisters that also attend this school:

Name _____ Grade _____ Teacher _____

Name _____ Grade _____ Teacher _____

Name _____ Grade _____ Teacher _____

List guardians who are allowed to pick up student in an emergency:

Father's Name _____ Alternate Phone #'s _____

Mother's Name _____ Alternate Phone #'s _____

Guardian's Name _____ Alternate Phone #'s _____

Please list below the names of other people authorized to pick up, transport and care for your child in the case of personal emergency or a community disaster. Please list as many people as possible. **NO STUDENT WILL BE RELEASED TO ANYONE UNDER AGE 18.**

NAME	ADDRESS	PHONE	RELATIONSHIP

The following information could be vital to emergency medical care personnel in the case of a community disaster.

Child's doctor or medical group _____ Phone _____

Does your child have any chronic illnesses or allergies/asthma? Yes _____ (Please Explain) No _____

Is your child allergic to any medication? List: _____

Is your child presently taking any medication? List: _____

Other concerns? _____

I hereby authorize _____ School to release my child to any of the above persons, if I am not available. The person picking up the student must have picture identification.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Signature of Adult releasing child _____ Date: _____

Signature of authorized adult taking child _____ Date: _____