

# PRE EMERGENCY EVACUATION RELEASE FORM

Teacher \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Last First

Home Address \_\_\_\_\_ Phone: \_\_\_\_\_

List the names of brother/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 \_\_\_\_\_ Phone \_\_\_\_\_ Phone \_\_\_\_\_

Mother \_\_\_\_\_ Phone \_\_\_\_\_ Phone \_\_\_\_\_

Guardian \_\_\_\_\_ Phone \_\_\_\_\_ Phone \_\_\_\_\_

Other people authorized to pick up, transport and care for your child in the case of person emergency or community disaster. Please list as many people as possible. STUDENTS WILL NOT BE RELEASED TO ANYONE UNDER AGE 18.

NAME	ADDRESS	PHONE	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Does your child have any chronic illnesses, allergies, asthma? \_\_\_\_\_

Is your child allergic to any medication? List \_\_\_\_\_

Is your child presently taking any medication? List \_\_\_\_\_

I hereby authorize Heritage Elementary 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 \_\_\_\_\_