

PRE-EMERGENCY EVACUATION RELEASE FORM

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 _____

On the back, please list 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: _____

DO NOT WRITE BELOW THIS LINE

Signature of Adult releasing child _____ Date: _____

Signature of authorized adult taking child _____ Date: _____