

PRE-EMERGENCY EVACUATION RELEASE FORM

Child's Name: _____ Birthdate: _____ Teacher: _____

Home address: _____ Home Phone: _____

List 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:

Mother's name _____ Alternate phone #'s _____

Father's name _____ Alternate phone #'s _____

Guardian's name _____ Alternate phone #'s _____

Please list the names of other people authorized to pick-up, transport, and care for your student in the case of a personal emergency, or a community disaster. Please list as many people as possible. List more on back.
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 case of a community disaster.
Child's doctor or medical group: _____ Phone: _____

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

Is your child allergic to any medicine? List: _____

Other concerns: _____

I hereby authorize Odyssey 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: _____

DO NOT WRITE BELOW THIS LINE

Signature of Adult releasing child: _____ Date: _____

Signature of authorized adult taking child: _____ Date: _____