

**Disaster Release Form**

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

Disaster Release Form Completed By: \_\_\_\_\_ Date \_\_\_\_\_

Teacher \_\_\_\_\_ School Year \_\_\_\_\_

<u>Mother's Name</u>	<u>Home Phone</u>	<u>Work Phone</u>	<u>Pager/Cell Phone</u>
<u>Father's Name</u>	<u>Home Phone</u>	<u>Work Phone</u>	<u>Pager/Cell Phone</u>
<u>Guardian's name</u> <small>(if different than above)</small>	<u>Home Phone</u>	<u>Work Phone</u>	<u>Pager/Cell Phone</u>

If I/we are unable to pick up our child, I/we designate the following people to whom my child may be released in case of emergency\*:

Name	Home Phone	Pager/Cell Phone
Name	Home Phone	Pager/Cell Phone
Name	Home Phone	Pager/Cell Phone
Name	Home Phone	Pager/Cell Phone
Name	Home Phone	Pager/Cell Phone

\*Please attach another sheet if additional information is needed.

**Medical Alert:**

Condition: \_\_\_\_\_ Medication: \_\_\_\_\_

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***Please send to school at least three full day's dosage of each medicine and include a letter from your physician giving the principal or designee permission to administer this medicine in the time of an emergency.***

Please list a friend or family member, who lives out of state that we can call with information in case local telephone service is interrupted.

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

\*\*\*\*\*

**For School Use Only**

The Student was released to \_\_\_\_\_ By \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ (AM) (PM) Destination: \_\_\_\_\_