

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: _____

Condition: _____ Medication: _____

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: _____