

Disaster Release Form Completed By: _____

Relationship to Student: _____ Date: _____

Disaster Release Form

Student's Last Name _____ **First Name** _____

Address _____

<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> (if different than above)	<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 three 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

Release Statement: I authorize release of my son/daughter to any adult with whom he/she feels comfortable. **Circle One: Yes No**

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: _____