

Disaster Release Form

2010/2011

Disaster Release Form Completed By: _____

Relationship to Student: _____

Student's Last Name _____ First Name _____

Address _____

Mother's Name	Home Phone	Work Phone	Pager / Cell Phone
Father's Name	Home Phone	Work Phone	Pager / Cell Phone
Guardian's Name (if different than above)	Home Phone	Work Phone	Pager / Cell Phone

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 days 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 family member or friend, 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: _____