

St. Brendan School
 4242 Brendan Lane
 North Olmsted, Ohio 44070
 Phone: 440.777.8433 Fax: 440.779.7997

Disaster Release Form

Form Completed By: _____ Date: _____

Relationship to Student: _____

Student's Last Name: _____ First Name _____

Address: _____

Mother's Name:	Home Phone:	Work Phone:	Cell Phone:
Father's Name:	Home Phone:	Work Phone:	Cell Phone:
Guardian's Name: (if different than above)	Home Phone:	Work Phone:	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 to in case of an emergency:

Name:	Home Phone:	Cell Phone:
Name:	Home Phone:	Cell Phone:
Name:	Home Phone:	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: _____