

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> <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 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 (\_\_\_\_) \_\_\_\_\_