

**** Please complete one form per student**

Disaster Release Form Completed By: _____

Relationship to Student: _____ Date: _____

DISASTER RELEASE FORM

Student's Last Name _____

Address _____

Mother's Name	Home Phone	Work Phone	Cell Phone
Father's Name	Home Phone	Work Phone	Cell Phone
Guardian's Name	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 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 she feels comfortable. **Circle ONE: YES NO**

Medical Alert
Condition: _____ Medication: _____
Condition: _____ Medication: _____
<i>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.</i>

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 _____ Home Phone _____ Cell Phone _____