

# PRE-EMERGENCY EVACUATION RELEASE FORM

Teacher \_\_\_\_\_

Child's Name \_\_\_\_\_ Birth date: \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

List the names of brothers/sisters that also attend this school:

Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

List guardians who are allowed to pick up student in an emergency:

Father's Name \_\_\_\_\_ Alternate Phone #'s \_\_\_\_\_

Mother's Name \_\_\_\_\_ Alternate Phone #'s \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Alternate Phone #'s \_\_\_\_\_

On the back, please list the names of other people authorized to pick up, transport and care for your child in the case of personal emergency or a community disaster. Please list as many people as possible. **NO STUDENT WILL BE RELEASED TO ANYONE UNDER AGE 18.**

NAME	ADDRESS	PHONE	RELATIONSHIP

The following information could be vital to emergency medical care personnel in the case of a community disaster.

Child's doctor or medical group \_\_\_\_\_ Phone \_\_\_\_\_

Does your child have any chronic illnesses or allergies/asthma? Yes \_\_\_ (Please Explain) No \_\_\_

Is your child allergic to any medications? List: \_\_\_\_\_

Is your child taking any medications? List: \_\_\_\_\_

Other concerns? \_\_\_\_\_

I hereby authorize \_\_\_\_\_ School to release my child to any of the above persons, if I am not available. The person picking up the student must have picture identification.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Signature of Adult releasing child \_\_\_\_\_ Date: \_\_\_\_\_

Signature of authorized adult taking child \_\_\_\_\_ Date: \_\_\_\_\_