

DISASTER RELEASE FORM



In the event of an emergency or disaster the district may implement a controlled student release. Students will not be released from school unless a parent/guardian or someone on the release form comes for him/her, or the student has permission to leave the school on his/her own.

Student Name (Last, First, Middle): _____

Grade Level: _____ **Birthdate:** _____ **Gender:** _____ **School Name:** _____

Medical Alert: _____

(Extended Emergency/Medications – Contact the school nurse to develop a special health care plan.)

Sibling Information

Name	School Name	Grade

Parent/Guardian Information

Name	Relationship	Address	Home Phone	Work Phone	Cell Phone

Emergency Contact Information (Designated persons should live within walking distance of the school, if possible)

Name	Relationship	Address	Home Phone	Work Phone	Cell Phone

Out of State Contact (It may be easier to text or call long distance if local phone lines are overloaded or out of service)

Name	Relationship	Address	Home Phone	Work Phone	Cell Phone

Student has permission to leave the school on his/her own YES NO

I acknowledge that in the event of a controlled student release, only the above authorized individuals will be able to claim my student (except medical or emergency personnel). Upon release of student, a record shall be kept of the date/time of release, expected destination and name of the authorized person.

Parent/Guardian Signature _____ Date _____

STUDENT RELEASE – FOR SCHOOL USE ONLY	
Student Released to:	Signature:
Date:	Time:
Destination:	Released by: