

DISASTER RELEASE FORM

Child: _____ Age: _____

Parent(s)/Guardian(s): _____

Address: _____

Mother's phone: _____ Father's phone: _____

Special medication or medical condition: _____

Name of out-of-town friend or relative who could act as point-of-contact for separated family members:

Name: _____ Phone: _____

Child may be released to: 1) _____

2) _____

3) _____

Remember: In the event of a major disaster, for your child's protection, he/she will be released ONLY to the persons named above or to a medical facility.

Parent/Guardian Signature: _____ Date: _____

STUDENT RELEASE FORM (Parents Do Not Complete this Section)

Released to (print name): _____

Released to (signature): _____

Date: _____ Time: _____

Destination: _____

First aid/medical treatment rendered: _____

Released by (signature): _____