

DISASTER RELEASE FORM

2009 - 2010

Student's Last Name: _____ First Name: _____

Grade: _____ Address: _____

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

Guardian's Name: _____ Phone: _____

My son/daughter provides his/her own transportation to school and may leave on his/her own after checking out with the Parent/Student Reunion Team:

Circle One: YES NO

*****AND/OR*****

I authorize release of my daughter/son to any adult with whomever she/he feels comfortable.

Circle one: YES NO

*****OR*****

If no, and I am unable to pick up our child, I designate the following three people to whom my child may be released in case of emergency:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

If telephone service is interrupted due to a major disaster, long distance service will be the first service repaired. Please list a friend or relative, who lives out of state that we can call with information regarding your child's well-being.

Name: _____ Phone: () _____

Parent/Guardian Signature: _____



FOR SCHOOL USE ONLY

The student was released to _____ By _____

Date: _____ Time: _____ (AM) (PM) Destination: _____

PLEASE RETURN ON STUDENT MAZE DAY OR TO MRS. RIPLINGER IN THE MAIN OFFICE.

(See reverse side for information regarding student healthcare policies in case of extended emergency situations)

IMPORTANT NOTICE

Dear Parents,

We need to be prepared for potential events that might require students to remain at school significantly beyond usual hours. Examples of these events might include earthquakes, wind/snow storms, and other natural disasters.

We know that some students take medications at home as well as at school for serious health conditions (i.e., seizures, heart conditions, diabetes, severe breathing problems and severe mood disorders). In the event your child needs to remain at school beyond the normal day, special plans for medications or treatments may be needed.

If these circumstances apply to your student, the school nurse would like to speak with you about developing a special health care plan. Please contact the school nurse, Linda Robinson, at 662-1070. **Do not send medication that is usually taken only at home to school at this time.**

Central Kitsap Health Services Department