

Earthquake/Disaster Emergency Release Form

Student Information:

Student's Name _____	Grade _____
Student's Teacher _____	Room _____
Parent/Guardian _____	Home phone _____
Address _____	Work phone _____
Siblings attending this school _____	

In the event of a major earthquake/disaster, my child may be released to the following persons:

Name	Address	Phone
1) <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
2) <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
3) <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
4) <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
5) <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

In the event the above persons cannot be contacted, I give permission for my child to be released to any Marengo parent whom my child knows. Yes _____ No _____ (please initial one)

If you do not want your child released to another person, and would like your child to remain at school until he/she can be picked up by a parent or guardian, please initial _____

Out-of-state emergency contact, if any:

Name _____ Phone () _____

Medical Information/Consent:

Authorized doctor _____ Phone () _____

Please list any known allergies to medications and/or pertinent medical information:

My child may be transported via ambulance/paramedics to the nearest hospital in the event he/she sustains major injuries. Yes _____ No _____ (initial one)

In the event of any medical emergency, I (initial one) DO _____ DO NOT _____ authorize and consent to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care that is deemed necessary for the safety and protection of my child.

Parent/guardian signature

Date

Released to: (for office use only)

<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Printed Name	Signature	Relationship
I.D.: <input style="width: 95%;" type="text"/>	Authorization checked by (initial) <input style="width: 95%;" type="text"/>	
Date & Time Released: <input style="width: 95%;" type="text"/>	Staff Initials <input style="width: 95%;" type="text"/>	
Child's Condition: <input style="width: 95%;" type="text"/>		