

# DISASTER RELEASE FORM

## 2017-2018

**Please note:** We do not cross reference these numbers with our school records. If you have *ANY* address or phone number change(s), please contact our registrar at (360) 662-2448. Complete all applicable sections below.

**A:** Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**B:** My student may leave on his/her own after checking out with the Parent/Student Reunion Team.

*Circle One:*                      **NO\*** (complete C,D,E)                      **YES\*\*** (complete D,E)

*\*Note: Circling no\* means that your student will not receive an emergency release sticker on their ASB card and will remain at school until we can make contact with you or one of your designees.*

*Circling yes\*\* means that your student will receive an emergency release sticker on their ASB card and will be allowed to leave on his/her own after checking out with the Parent/Student Reunion Team..*

**C:** \* If no and I am unable to pick up my child, I designate the following three people to whom my child may be released in case of emergency (please ensure that the person picking up has photo identification):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**D:** If telephone service is interrupted due to a major disaster, long distance service will be the first service repaired. Please consider listing a friend or relative who lives **OUT OF STATE** that we can call with information regarding your child's well-being.

Name of **OUT OF STATE** contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**E:** *After completing the above, print your name and sign:*

Print Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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### FOR SCHOOL USE ONLY

The student was released to: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ (AM) (PM)

Destination: \_\_\_\_\_ Released by: \_\_\_\_\_

**PLEASE RETURN TO THE STUDENT MAZE OR TO MRS. CAOUCETTE 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, Sara Leshley, at 662-2417. **Do not send medication that is usually taken only at home to school at this time.**

6/20/2017

*Print on pink*