

Sample Emergency Release Card

Incident Release Form Completed By: _____

Relationship to Student: _____ Date: _____

Emergency Release Card

Student's Last Name _____ **First Name** _____

Address _____

Mother's Name	Home Phone	Work Phone	Pager/Cell Phone
Father's Name	Home Phone	Work Phone	Pager/Cell Phone
Guardian's Name (if different than above)	Home Phone	Work Phone	Pager/Cell Phone

If I/we are unable to pick up our child, I/we designate the following three people to whom my child may be released in case of emergency:

Name	Home Phone	Pager/Cell Phone
Name	Home Phone	Pager/Cell Phone
Name	Home Phone	Pager/Cell Phone

Release Statement: I authorize release of my son/daughter to any adult with whom he/she feels comfortable.
Circle One: Yes No

<p>Medical Alert:</p> <p>Condition: _____ Medication: _____</p> <p>Condition: _____ Medication: _____</p> <p>Please send to school at least three full days' dosage of each medicine and include a letter from a licensed prescriber giving the School Nurse permission to administer this medicine in case of an emergency.</p>
--

Please list a friend or family member, who lives out-of-state, that we can call with information in case local telephone service is interrupted.

Name _____ Phone () _____

For School Use Only

The Student was released to _____ By _____

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

Student Request Form
(To be taken by Runner)

Please print

Student's Name _____

Teacher _____ Grade _____

To be completed by Reunification Request Area Staff

Requested By: _____

Proof of I.D.: _____ Name on Emergency Release Card (Yes) (No)
(circle one)

To be completed by Student and Staff Assembly Area Staff

Student's Status

Sent with Runner _____ Absent _____ First Aid _____ Missing _____

(If student is absent, in first aid or missing – deliver this form to the Command Post.)

To be completed by Reunification Release Area Staff

Proof of I.D. _____ Name on Emergency Release Card (Yes) (No)
(circle one)

To be filled in by Requester at Reunification Release Area

Requester Signature: _____

Destination: _____

Date : _____ Time: _____