

Eastwood Elementary – Emergency Release Form

Teacher: _____ Parent: _____
 Student: _____ DOB: _____

Names of Brothers & Sisters attending Eastwood

Name: _____ Grade: _____ Teacher: _____ DOB: _____
 Name: _____ Grade: _____ Teacher: _____ DOB: _____
 Name: _____ Grade: _____ Teacher: _____ DOB: _____
 Name: _____ Grade: _____ Teacher: _____ DOB: _____
 Name: _____ Grade: _____ Teacher: _____ DOB: _____

Father's Name: _____ Business: _____ Phone: _____
 Mother's Name: _____ Business: _____ Phone: _____

Living with Both Mother Father Other _____

In the event of a community disaster, we want children to be kept safe. Please list names of people who could take your child/ren and house him/her until you can get to your child. Names of other parents you trust is preferable over relatives and friends. The school will keep track of who takes your child. This is for **Emergency** use only.

Please list the names of people that are authorized to pick up and transport your child the case of a personal emergency or community disaster. Please list as many as possible.

Name	Address	Phone	Relationship
1.			
2.			
3.			
4.			
5.			
6.			

If you have a telephone number of a relative living out of state who could receive a message, please fill out the following.

Name:	Relationship:	Phone (xxx-xxx-xxxx)
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The following information could be vital to emergency medical care personnel in the case of a disaster.

Student's Physician/medical group: _____ Phone: _____

Is your child allergic to any medications? Yes – Names: _____

Is your child presently taking medication? Yes – Names: _____

Other: _____

Parent/Guardian Signature: _____