

**East Catholic School
Emergency Release Information
School Year 2017-2018**

****One form per child***, these are kept in each individual homeroom for emergency situations.

Child _____ Homeroom _____

Emergency Form Completed By: _____

Relationship to Student: _____ Date: _____

Family Name: _____ Home phone #: _____

E-mail address(s) _____

Dad cell phone: _____ Mom cell phone: _____

Dad work #: _____ Mom work #: _____

In the event that you cannot be reached, please list the name and phone number of one or two people who would most likely be at home and could come for your child.

Name	Relationship to Child	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does your child have a key to your home? _____

In case of an EMERGENCY or an EARLY DISMISSAL: (Question #1 applies primarily to parents with children in grades 6, 7, and 8)

1. May your child leave school without phone contact from East Catholic: (circle one) Yes or No

2. May your child carpool with another family without phone contact from East Catholic?
(circle one) Yes or No

If yes, please list those families:

3. I authorize release of my son/daughter to any adult with whom he/she feels comfortable.
(circle one) Yes or No

Medical Alert

Condition: _____ Medication: _____

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Please send to school at least three full days' dosage of each medicine and include a letter from a licensed prescriber giving the School Official permission to administer this medicine in case of an emergency.

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: _____ Relationship: _____

State/Location: _____ Phone: _____

Parents' Signature: _____ Date: _____

PLEASE RETURN THIS FORM TO SCHOOL NO LATER THAN SEPTEMBER 15, 2017

For School Use Only

**Student Request Form
(To be taken by Runner)**

Student Name: _____

Teacher: _____ Grade: _____ Homeroom: _____

To be completed by Reunification Request Area Staff

Requested By: _____

Proof of ID: _____ Name on Emergency Release Information (circle one) Yes or No

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 ID: _____ Name on Emergency Release Information (circle one) Yes or No

To be filled in by Requester at Reunification Release Area

Requester Signature: _____

Destination: _____

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

For School Use Only

The student was released to _____ by _____

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