

# East Catholic School

## Emergency Release Information

### School Year 2018-2019

***\*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 7, 2018**

For School Use Only

Student Request Form  
(To be taken by Runner)

Student Name: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom: \_\_\_\_\_

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**To be completed by Reunification Request Area Staff**

Requested By: \_\_\_\_\_

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

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**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)*

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**To be completed by Reunification Release Area Staff**

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

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**To be filled in by Requester at Reunification Release Area**

Requester Signature: \_\_\_\_\_

Destination: \_\_\_\_\_

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

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For School Use Only

The student was released to \_\_\_\_\_ by \_\_\_\_\_

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

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