

Mt. View Elementary Release Information

Student's name: _____ Grade: _____

Home Address: _____

Parent/Guardian

Name	Home Phone	Work Phone	Cell Phone

I designate the following people to pick up my child in the case of Disaster/Emergency:

Name	Home Phone	Work Phone	Cell Phone

Siblings at Mt. View Elementary

Name	Grade	Name	Grade

I authorize the release of my Student to any adult with whom he/she feels comfortable (other than the above Names). **Circle One: Yes No**

Medical Alert: Condition: _____

Medication: _____ (a 72-hour supply should be at the school.)

I authorize Emergency Medical Treatment of my child: **Yes No**

In an emergency, the following procedures are necessary:

- 1) Please encourage your child to do the following after an earthquake: Stay at school if they are at school. Go to school if they are on the way to school. Go home if they are on the way home.
- 2) Please do not telephone the school as telephone lines will be needed for emergency communications. An out-of-state contact may be easier to reach than one in state.
- 3) Please walk to school to pick up your students. Streets should be as open as possible for emergency vehicles.
- 4) Please listen to KFQD 750 am Radio for information and directories.

The school will retain your child for 72 hours until you or your designee is able to reach them. After 72 hours, any student still remaining at the school may be transferred to the nearest Red Cross relief center.

Signature of Parent or Guardian Date

INSTRUCTIONS FOR USE OF THIS CARD:

1. Teacher/Staff will attach this card to student immediately after disaster.
2. When student is released, Check ID, REMOVE CARD, has the adult picking up the Student, complete the information below.

Signature of person taking students

Phone number

Signature of staff releasing students

Date

Time