## **Emergency/Disaster Release Information**

Please fill in the information below for use by the school in the event of earthquakes or other large scale emergencies. **This information must be updated on a yearly basis**. Your signature on this form authorizes the school to follow your directives, when prudent and possible, regarding your student. Be sure to discuss this plan with your student and anyone whose name appears on this form.

. . .

Student Name:

	Last			First	MI	
Class of (circle one): 14	15	16	17			
Check One:						
In the event of an emergency, the school is asked to direct my student to drive home. understand that my student may encounter hazardous roadway and building conditions in the event of a disaster.						

In the event of an emergency, the school is asked to direct my student to walk home because we live within a two-mile radius of the school. I understand that my student may

encounter hazardous roadway and building conditions in the event of a disaster.

In the event of an emergency, the school is asked to direct my student to walk to the residence of a relative or close friend who lives within a two-mile radius of the school. I understand that my student may encounter hazardous roadway and building conditions in the event of a disaster.

Name:	Relationship:			
Address	City	State Zip Code		
Telephone Number : ()				
() In the event of an emergency, the scl is picked up (supervision normally ends my student, the person listed below has Name:	at 3:00 p.m.). In the permission to transp	event that I am unable to pick up		
Name		5nonip		
Address	City	State Zip Code		
Telephone Number : ()				
Signed:	Relationship to Student:			