

# SEATTLE PUBLIC SCHOOLS EMERGENCY INFORMATION AND STUDENT RELEASE FORM

SCHOOL \_\_\_\_\_

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Bus# \_\_\_\_\_ Grade \_\_\_\_\_

Name of sibling(s) enrolled at same school \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**GUARDIANS/NEIGHBORS TO WHOM STUDENT CAN BE RELEASED IN AN EMERGENCY:** (Please designate those authorized to pick up your child, keeping in mind the geographical location of the school your child attends.)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Please provide contact information for a friend or family member, who lives out of state, who can be contacted in the event local telephone service is interrupted \_\_\_\_\_

**MEDICATION OR CONDITIONS THAT REQUIRE ATTENTION IF A CHILD NEEDS OVERNIGHT CARE AT THE SCHOOL ARE AS FOLLOWS:** \_\_\_\_\_

(Provide 72 hours of the essential medication and complete required "Medication Authorization" form.)

**EMERGENCY MEDICAL RELEASE:** In the event of a severe emergency or natural disaster such as an earthquake, it is recognized that I may not be able to be reached. Should such an incident occur, I authorize the Seattle School District to refer my child \_\_\_\_\_ as appropriate for any necessary medical treatment. It is my intent and understanding that this medical release be used only in a case of extreme emergency when attempts to reach me have failed.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

Date Signed \_\_\_\_\_