



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	Email Address
Parent/Guardian Name	Home Phone	Work Phone	Cell Phone	Email Address

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
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 _____