

SANTA CLARA ELEMENTARY SCHOOL DISTRICT

EARTHQUAKE/DISASTER RELEASE AUTHORIZATION FORM

Student's Name _____ Teacher _____

Parent's Name _____ / _____

Parents work phone #'s. Mother _____ Father _____

Names of person(s), other than parents, to whom the student may be released in the event of a major earthquake/disaster:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Parents Signature: _____ Date _____

Medical Information:

Food/Drug/Allergies _____

Medical Problems? _____

Medications needed regularly _____

(minimum three (3) day supply of prescription medicine must be kept in the school health office)

SCHOOL USE ONLY

Student released to: (SIGNATURE REQUIRED) _____

Destination: _____

Time _____ Date _____

Released by: _____