

**DISASTER RELEASE CARD
Laurelwood Preschool**

For Office
Use Only

Student Name _____ Student ID # _____

Grade Preschool Room _____ Teacher _____ Family ID Number _____

Siblings at the school (Name and Room Number) : _____

In the event of a disaster your student will be released **only to persons** authorized **on this** card. Due to anticipated road damage after a major disaster, it may take many additional hours to reach the school. For this reason, choose individuals who live within walking distance. Be sure these people know (1) that they are authorized to pick up your student and (2) at what point you would expect them to pick-up - immediately or only after hearing from you.

Please Print

Name/Relationship	Daytime Address	Day Phone #	Cell/Pager #
Parent:			
Parent:			
Day Care:			

Signature (Parent/Guardian): _____ **Date:** _____

If telephone service is interrupted, long distance will be the first service restored. Please list an out-of-area contact your family will use.

Person/Relationship: _____ Phone: (____) _____

Address: _____ City, State: _____

List any allergies your student has and/or medications needed: _____

Medication in Nurses Office **Yes** **No**

Additional Information: _____

for staff use only

STUDENT RELEASE

Released to: _____ Identification shown: _____

Destination: _____

Has this person been in contact with parents since disaster? _____

Date/Time: _____ Released by: _____