PRE-EMERGENCY EVACUATION RELEASE FORM

School:			
Student's Name:		Birth date:	
Student's Name: Last	First		
Home Address			
ist the names of brothers/sister.	s that also attend this schoo	ol:	
Name	Grade	Teacher	
lame	Grade	Teacher	
lame	Grade	Teacher	
ist <u>guardians</u> who are allowed t	o pick up student in an eme	rgency:	
Father's Name	Alternate	Phone #'s	
Mother's Name	Alternate	Phone #'s	
Guardian's Name	Alternate	Phone #'s	
NAME	ADDRESS	PHONE	RELATIONSHIP
NAME	ADDRESS	PHONE	RELATIONSHIP
NAME	ADDRESS	PHONE	RELATIONSHIP
NAME	ADDRESS	PHONE	RELATIONSHIP
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The following information could disaster. Child's doctor or medical group_ Does your child have any chronic Is your child allergic to any medi- Is your child presently taking any	be vital to emergency medic : illnesses or allergies/asthm cation? List: / medication? List:	cal care personnel in tl a? Yes(Please E	he case of a community Phone xplain) No
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