

Please complete both sides of this information sheet for each child attending school:

**RELEASE OF STUDENTS FROM SCHOOL**

To ensure that students are released only to person whom the parents (guardians) approve, the state law requires school districts to establish a list of persons authorized to obtain the release of minor students from school and at the discretion of school officials, to allow such release upon verifying that the persons requesting the release are included on such list. This list is to be provided by the person or persons in parental relation to the child.

Your cooperation is urged by your completion of the form below. School officials may not release any student to anyone whose name is not on this form which must be on file at the school.

Please remember that if your child(ren) are picked up at any time by a neighbor or a family member, the name of those persons must be on your list.

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**RELEASE OF CHILD**

1. Names of parents/guardians \_\_\_\_\_

2. Name of your child in school \_\_\_\_\_ Grade \_\_\_\_\_

3. My child may be released to the following persons:

Name: _____	Relationship _____	Phone _____
_____	_____	Phone _____
_____	_____	Phone _____
_____	_____	Phone _____
_____	_____	Phone _____

4. Other Information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EARLY DISMISSAL DESTINATION FORM**

There are occasions during the school year when school must be closed early without any advance notice because of the weather, road conditions, lack of heat and/or water, etc. There are many families in which both parents are working, and an early dismissal creates a problem as to where the children should be sent so that they are properly supervised until the parents return home. Please indicate where your child is to go in the event school must be closed early without advance notice.

**In the event of an early school closing my child is to go home or elsewhere as follows:**

Child	Destination (indicate home or elsewhere)	Phone No.
_____	_____	_____
_____	_____	_____

**EMERGENCY INFORMATION**  
**2009-2010**

**PLEASE PRINT:**

**Student's Name** \_\_\_\_\_  
Last First Grade Teacher

**Address:** \_\_\_\_\_  
No. Street (OR) RD Box

\_\_\_\_\_ PO Box Town Zip Telephone

**Where parents can be reached if not at home:**

Mother \_\_\_\_\_ Telephone \_\_\_\_\_

Father \_\_\_\_\_ Telephone \_\_\_\_\_

**List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached:**

1. Name \_\_\_\_\_ Address \_\_\_\_\_ Tele. \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_ Tele. \_\_\_\_\_

**SPECIAL HEALTH PROBLEMS/CONSIDERATIONS**

There are certain phases of the school curriculum which necessitate taking field trips or having animals at school. When such activities are used, it is hoped that all students will be able to participate. However, there are some students, who due to allergies (bee stings, cats, rabbits, etc.) must participate with great caution.

Some students have suffered from serious illnesses or serious injuries. This information is usually available on the child's health record. However, the after-effects are not, and some of these effects require special consideration for the student or special attention by the teacher.

In order that the school might better serve your child, please list below any pertinent information (as suggested above) which you feel should be brought to the attention of your child's teacher.

**PHYSICAL CONDITIONS POSSIBLY NEEDING SPECIAL CONSIDERATION:**

Allergies \_\_\_\_\_

Other Conditions \_\_\_\_\_

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Parent or Guardian

**Local Physician's:** Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

**Hospital name if parent not available:** \_\_\_\_\_

**PLEASE RETURN THE COMPLETED FORM TO YOUR CLASS ROOM TEACHER BY SEPT. 9**

**(OVER)**