

PARENT/GUARDIAN: This is important information in the event of a severe emergency or natural disaster. Please complete this form and return to Washington Middle School with packet.

Washington Middle School Disaster/Emergency Student Information

INFORMATION AND STUDENT RELEASE:

NAME: _____

ADDRESS: _____

PARENT/GUARDIAN NAME:

1. Name: _____ Relation: _____
Work #: _____ Cell or Pager: _____

2. Name: _____ Relation: _____
Work #: _____ Cell or Pager: _____

PARENT/GUARDIAN/DESIGNEE to whom student can be released in an EMERGENCY: (Please designate those authorized to pick up your child following a severe emergency or national disaster, keeping in mind the geographical location of the school your child attends.) Name at least one person who lives or works nearby.

Name: _____	Relation: _____
Name: _____	Relation: _____
Name: _____	Relation: _____
Name: _____	Relation: _____

MEDICATION OR CONDITIONS THAT NEED ATTENTION IF A CHILD REQUIRES OVERNIGHT CARE AT SCHOOL. (Students requiring medication (prescription or not) must have a written order and parent consent. Call the school nurse at (206) 252-2607 for more information.)

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: _____