

CVUSD DISASTER RELEASE FORM

Student's First Name _____ Student's Last Name _____ Grade _____

Sibling at School _____ Grade _____

Medical Alert Information and/or Prescription Medications:

Food Allergies:

Special Instructions and/or Other Information:

In the case of a natural disaster or other emergency requiring the removal of my child from school, my child may only be released into the custody of the following adults (please list at least two in addition to parents/guardians):

Name	Relationship	Day Phone/Cell/Pager
_____	Parent1/Guardian1	_____
_____	Parent2/Guardian2	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent's Signature _____ Date _____

**THIS SECTION TO BE COMPLETED ONLY IN THE EVENT OF AN EMERGENCY
REQUIRING THE REMOVAL OF THIS STUDENT FROM SCHOOL SITE**

I, _____, have taken _____
Name of Responsible Adult
Name of Student Released

It is my intent to take him/her with me to: _____
Location (i.e. "my home," name of work, etc.)

_____ Address of Location _____ Phone Number at Location

An alternate plan would be _____

_____ Signature Of Responsible Adult _____ Identification

_____ Released By _____ Date _____ Time