Form Completed by: Name (Print) _____ Signature _____
Relationship to Student: _____ Date: _____

Return both pages of the form to the school office by the first day of school.

2010-2011 Chinook Middle School
Emergency and/or Disaster Release Form

Student First Name _____ **Last Name** _____

Home Address _____ **Grade** _____

Home Phone _____ **Cell Phone** _____

Mother's Name	Home Phone	Work Phone	Cell Phone	Email Address
Father's Name	Home Phone	Work Phone	Cell Phone	Email Address
Guardian's Name (if different than above)	Home Phone	Work Phone	Cell Phone	Email Address
Out-of-State Contact	Home Phone	Work Phone	Cell Phone	Email Address

I authorize release of my son/daughter to any adult with whom he/she feels comfortable. **Yes** **No**
I wish for my son/daughter to remain at school until picked up by parent/guardian. **Yes** **No**

If I/we are unable to pick up our child, I/we designate the following people to whom my son/daughter may be released in case of emergency:

Name	Home Phone	Work Phone	Cell Phone	Email Address
Name	Home Phone	Work Phone	Cell Phone	Email Address

*** ATTACH A PHOTOCOPY OF DRIVER'S LICENSE FOR EACH PARENT/GUARDIAN. ***

FOR USE BY SCHOOL ONLY IN CASE OF EMERGENCY AND/OR DISASTER

The student was released to _____ By _____

Date: _____ Time: _____ AM / PM Destination: _____

White Copy for Request Gate

Yellow Copy for Release Gate
Attach Yellow Copy to Student Release Form