

EARTHQUAKE EMERGENCY-DIRECTION AND CONSENT
FOR STUDENT RELEASE

Student name: _____ Div. _____

One form has been provided for each of your children and when returned to school they will be included in classroom earthquake emergency kits.

Parent/guardians

Name/Address/Phone # (home & work)

1. _____

2. _____

3. _____

4. _____

Office use only Student Release (signature required)
1. _____
2. _____
3. _____
4. _____

Consent for Release to Alternate Care-Givers (should reside within walking distance of the school)

In the event of a major earthquake, I, _____, being the parent/guardian of _____ (child's name), direct George Jay School to release the child named above into the care of any of the following persons:

Alternate Care-Givers

Name/Address/Phone # (home & work)

1. _____

2. _____

3. _____

4. _____

Office use only Student Release (signature required)
1. _____
2. _____
3. _____
4. _____

Signature of Parent _____ Date _____ .../2

EARTHQUAKE RELEASE – MEDICATION

Student Name: _____

If your child requires daily medication or has a medical condition that would require special attention, please provide details below. It will be necessary for the school to have a 48-hour supply of any essential medication.

Name of Medication and Dosage Instructions:

Signature of Parent or Guardian: _____

Date: _____

Please return this form to:

George Jay Elementary

Thank you for your assistance

(Office use only)

