



MISSION HILLS SCHOOL DISASTER RELEASE FORM

THIS FORM WAS COMPLETED BY:

LAST NAME FIRST NAME RELATIONSHIP TO STUDENT TODAY'S DATE

STUDENT'S LAST NAME FIRST NAME DATE OF BIRTH Gender
 Male Female

ADDRESS CITY ZIP

PARENT'S LAST NAME FIRST NAME CELL PHONE HOME PHONE WORK PHONE

PARENT'S LAST NAME FIRST NAME CELL PHONE HOME PHONE WORK PHONE

GUARDIAN'S LAST NAME FIRST NAME CELL PHONE HOME PHONE WORK PHONE

PARENT 1'S EMAIL ADDRESS PARENT 2'S EMAIL ADDRESS

If a parent/guardian is unable to pick up our child, I/we designate the following three people to whom our child may be released in case of an emergency.

LAST NAME FIRST NAME CELL PHONE HOME PHONE WORK PHONE

LAST NAME FIRST NAME CELL PHONE HOME PHONE WORK PHONE

LAST NAME FIRST NAME CELL PHONE HOME PHONE WORK PHONE

RELEASE STATEMENT: I authorize the release of my student to any adult designated above.

Signature of Parent/Guardian

MEDICAL ALERT:

Condition: _____ Medication: _____

Condition: _____ Medication: _____

SCHOOL USE ONLY

This student was released to: _____ Released by: _____

Signature (Person student was released to) Date Time AM PM

DESTINATION: _____