

## EDMONDS SCHOOL DISTRICT STUDENT EMERGENCY RELEASE AUTHORIZATION

Our school district has developed an emergency preparedness plan that will be initiated in case of an emergency – such as fire, power outage, volcanic eruption, lockdown, or earthquake. Should such an emergency occur during school hours, your child(ren) may be required to remain at school until the appropriate safety officials determine the conditions safe for their release. **In an emergency, no student will be released early from school except** to the appropriate parent(s)/legal guardian, or previously authorized person(s) with **valid picture identification**.

This section to be filled in by parent/legal guardian.

### Student(s) information:

Name _____	Date of birth _____
Name _____	Date of birth _____
Name _____	Date of birth _____

Please list below the names, addresses and phone numbers of those persons who are authorized by you to pick up your child(ren) from school in case of an emergency. These adults must present valid picture identification (e.g., driver's license) at time of pickup. Older students in middle school or high school may also be authorized to pickup siblings from elementary schools if noted below.

Name	Address	Phone Number(s)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Release Statement: I authorize release of my son/daughter to drive or walk home from school without an adult being present (*high school and middle school students only*) ☐ Yes ☐ No

If your child(ren) has special medical needs during after-school hours, please list them below. If medication must be taken during this time, we will need a signed parent and physician order. Only emergency medication (e.g., asthma, seizures, or ADHD) in original containers will be accepted. Be sure to supply at least 3 days of medication to your school. Excess medication will be disposed at the end of the school year unless otherwise requested.

Name _____	Condition _____	Medication _____
Name _____	Condition _____	Medication _____
Name _____	Condition _____	Medication _____

Signature of Parent/Legal Guardian _____	Date _____
Home Phone _____	Work Phone _____
Cell Phone _____	Email Address _____

*This section to be filled in by school staff during an emergency only*

### Authorized Student Emergency Release Record

Name of Student(s) Released _____	Form of identification _____
Released to _____	Time of release _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Date of Release _____	Phone Number _____
Destination _____	