

LIST NAME(S) OF STUDENT(S)

(Name)

(Name)

(Name)

CRISIS MANAGEMENT EMERGENCY FORM

PLEASE COMPLETE ALL INFORMATION

1 – Parent/Guardian: _____

Address: _____

Employment: _____

Phone – Home: _____ Work: _____ Cell: _____

Other school parents working at your place of employment:

_____ Work Phone: _____

_____ Work Phone: _____

_____ Work Phone: _____

2 – Parent/Guardian: _____

Address: _____

Employment: _____

Phone – Home: _____ Work: _____ Cell: _____

Other school parents working at your place of employment:

_____ Work Phone: _____

_____ Work Phone: _____

Persons to contact if Parent(s) cannot be reached:

1 – Name: _____ Relationship: _____

Phone – Home: _____ Work: _____ Cell: _____

2 – Name: _____ Relationship: _____

Phone – Home: _____ Work: _____ Cell: _____

3 – Name: _____ Relationship: _____

Phone – Home: _____ Work: _____ Cell: _____

DO NOT RELEASE MY STUDENT(S) TO:

CRISIS MANAGEMENT EMERGENCY FORM

Below is a list of all persons who have my/our authorization to pick up my/our student(s) in the event of a crisis situation. (This will avoid the need to contact each parent for approval – please remember to include family, neighbors, friends, or other school parents.)

Name	Relationship	Home Phone	Work Phone	Cell Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

AUTHORIZATION FOR SCHOOL OFFICIALS IN CASE OF EMERGENCY:

I hereby give School Officials authorization to release my student(s) to the individuals listed above in the event of a crisis situation.

Signature of parent/guardian _____
Date

Signature of parent/guardian _____
Date