

# **The Creek Preschool & Kindergarten**

## **DISASTER RELEASE INFORMATION** (Please PRINT and complete this form in INK)

<b>Student's Full Name:</b>		
<b>Home#</b>	<b>Birthdate:</b>	<b>Class:</b>
<b>Mother:</b>	<b>Cell:</b>	<b>Work:</b>
<b>Father:</b>	<b>Cell:</b>	<b>Work:</b>
<b>Student Lives with:</b>		
<b><u>Names of Authorized Adults to whom my child may be released:</u></b>		
<b>Name</b>		<b>Phone Number</b>
1.		
2.		
3.		
4.		
5.		
6.		
<b>Out of State Contact:</b>		<b>Phone #</b>
<b><u>Medical Information</u></b>		
<b>Allergies or Special Health Conditions:</b>		
<b>Medications:</b>		
Staff are authorized to release my child to the above named persons in the event of a disaster		
Parent/Guardian Signature: _____ Date: _____		