

SUZUME NO GAKKO EMERGENCY/DISASTER RELEASE FORM

Bring **2 signed originals** to Mandatory Parent Meeting. Place **1 copy** in Food Bag, due 1st day of session.

(See page 2 for a list of suggested food & supplies)

LAST NAME (PRINT LARGE) _____				TEACHER _____	
STUDENT LAST NAME	STUDENT FIRST NAME	JAPANESE NAME	OTHER NAME USED	GENDER ___ Male ___ Female	GRADE
STUDENT LIVES WITH (Check all that apply) ___ Father ___ Mother ___ Guardian ___ Stepfather ___ Stepmother ___ Other: _____					
FATHER/GUARDIAN FIRST NAME	FATHER/GUARDIAN LAST NAME	MOTHER/GUARDIAN FIRST NAME	MOTHER/GUARDIAN LAST NAME		
STUDENT HOME ADDRESS				CITY	ZIP
STUDENT HOME PHONE (W/ AREA CODE)		FATHER/GUARDIAN WORK PHONE (W/ AREA CODE)		MOTHER/GUARDIAN WORK PHONE (W/ AREA CODE)	
FATHER/GUARDIAN OCCUPATION	COMPANY NAME	WORK ADDRESS		CITY	ZIP
MOTHER/GUARDIAN OCCUPATION	COMPANY NAME	WORK ADDRESS		CITY	ZIP
STUDENT'S BIRTHDATE (mm/dd/yyyy)	FATHER/GUARDIAN CELL # (W/ AREA CODE)	MOTHER/GUARDIAN CELL # (W/ AREA CODE)			

In case of my child's illness or injury and the school is unable to reach me, I give my consent to call or release my child to any of the following persons. I also authorize the named persons to pick up my child from school in the event of a major disaster (e.g. earthquake, flood):

NAME (PRINT)	ADDRESS	PHONE (W/ AREA CODE)	RELATIONSHIP TO STUDENT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HEALTH INFORMATION

<input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Allergy to Bee Stings <input type="checkbox"/> Heart Problems <input type="checkbox"/> Hearing Problems <input type="checkbox"/> Vision problems <input type="checkbox"/> Allergy to: _____ <input type="checkbox"/> Other: _____		
Is your child restricted from physical activity on smog alert days? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please explain any items checked:	
Is your child taking prescribed medication on a daily basis? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	
List Medications _____	_____	
DOCTOR'S NAME: _____ PHONE (W/ AREA CODE) _____	_____	
Insurance Carrier: _____ Insurance Phone #: _____	Policy # _____	
DENTIST'S NAME: _____ PHONE (W/ AREA CODE) _____	_____	
Insurance Carrier: _____ Insurance Phone #: _____	Policy # _____	

OTHER CHILDREN ATTENDING SUZUME NO GAKKO

LAST NAME	FIRST NAME	GRADE
_____	_____	_____
_____	_____	_____
_____	_____	_____

In an EMERGENCY, if I cannot be reached, I hereby give permission to the school to call 911 and/or take my child to an emergency hospital by ambulance. I verify that the information on this form is correct and understand that it is my responsibility to keep this form current and up-to-date.

_____ Signature of Parent/Guardian	_____ Relationship to Student	_____ Date
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SUGGESTED FOOD & SUPPLIES

Cheese and Cracker Packs
Beef Jerky
Power Bar
Dried Fruits
Fruit Snacks
Fruit Roll Ups
2 each - 16 oz. Bottles of Water
Family Picture
Note to Your Child

PLEASE NOTE: EVERYTHING MUST FIT INTO A
ONE GALLON SIZE ZIPLOC BAG
YOU MUST BE ABLE TO CLOSE IT