

EMERGENCY RELEASE FORM

Student(s) First Name

Student(s) Last Name

Emergency Contact Information:

In the event of an emergency or disaster, your student(s) will only be released to the persons authorized on this form if we are unable to reach you. Individuals must be 18 years or older. Due to anticipated road damage after a major disaster, it may take additional hours to reach Middle Tree. For this reason, choose individuals who live within walking distance. Be sure these persons know (1) that they are authorized to pick up your student(s'), and (2) at what point you would expect them to pick up – immediately or only upon hearing from you.

I authorize the following individuals to pick up my student(s) in case of an emergency or disaster:

Name/Relationship	Daytime address	Day phone # (incl. area code)	Cell # (incl. area code)

If telephone service is interrupted, long distance will be the first restored. Please list an out-of-town contact your family will use.

First Name

Last Name

Relation to student

Street Address

Apt#

City

Zip Code

Phone#

Medical Contact Information

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Student(s)' health insurance: _____ Medical Record Number: _____

(See Reverse Side)

Middle Tree seeks advice and cooperation of parents and physicians in maintaining the health of our students. In order that we may know more about your student(s) health, please complete the information below.

Please list your student(s) health problems, if any, and explain. (Examples: diabetes, asthma, severe allergies, heart problems, seizures, bone/joint problems or other health concern.)

Medication at Middle Tree

No Middle Tree staff member administers medications (prescription or over the counter) to students. However, in case of an emergency, please list the medications your student(s) is/are taking on a continuing basis:

Medication/dosage: _____

Reason for medication: _____

Name of physician supervising treatment: _____

Emergency Treatment

If Middle Tree staff deem it necessary, your child will be taken by ambulance to the nearest emergency facility where the attending physicians (or dentist) on duty may perform emergency treatment on your child. All costs incurred shall be at the parent's or guardian's expense.

I acknowledge that I have read the Emergency Release Form and that I am aware of Middle Tree's procedures in the event my child is seriously injured or there is a catastrophic event. I certify that the information I have provided is accurate and current. Should a change in the information I have provided occur, I will immediately inform Middle Tree staff of the change and update this form to ensure that my emergency contacts are available as needed.

Print Parent/Guardian Name: _____

Signature (Parent/Guardian): _____ Date: _____