

PARENT'S STUDENT RELEASE PACKAGE

Dear Parents/Guardians:

In an ongoing effort to provide for our students' safety and well-being, in the event of an emergency we are taking strong steps to ensure all students are kept as safe as possible. It is important that parents/guardians and families become familiar with the school's emergency procedures and what you should do in the event of an emergency at the school. We encourage you to discuss how you expect your child to behave and respond during an emergency or disaster situation.

In order to make your child as comfortable and safe as possible until you arrive, we ask for your help in the following areas and to complete the attached two forms:

- FORM #1 - **Student Emergency Identification card,**
- FORM #2 - **Student Release Information form, also:**
- Please **do not phone the school following a disaster.** We must keep the lines open for outgoing emergency calls.
- Please, **in the event of a lockdown, do not phone your child's cell phone.** A ringing phone can call attention to students.
- Please **do not drive to the school.** Streets and access to the school must remain clear for emergency vehicles.
- As soon as it is safe to pick up your child, we will request you or your alternate temporary guardian travel to the school or to an alternate identified student-parent/guardian reunification site to reunite with your child. Park as close as you safely can and walk to the school.
- Listen and watch for updates; the school will use a variety of communication tools including phone, e-mail, and website to alert parents of the current situation and next steps.
- No student will be released from the school unless a previously authorized parent/guardian or temporary guardian comes for the student.
- All parents/alternates who come to pick up children must produce picture identification and sign the students out at a designated student release area.
- Please familiarize yourself with the school's emergency preparedness plans and procedures available on our website, and prepare you family for a possible disaster like and earthquake.
- Prepare and/or update your child's comfort kit which will be kept in the classroom.

One of the most important areas of school emergency planning is gathering accurate information so the school can contact you or someone authorized to act on your behalf. The information on the two attached forms will be used only in a case of emergency or disaster. This information is kept strictly confidential at the school unless it is necessary to share the information in the event your child's health and/or safety is at risk.

Please return all forms by: _____ (date). Thank you for your cooperation and assistance. This process helps to ensure a speedy reunion for you and your child and contributes to the safety and well-being of your child in an emergency.

Thank you,

Principal

St. Matthew's Elementary School

Emergency Identification card

Attach photo of student here

(Face Picture outward when put in Lanyard)

Teacher:		Student:	
Grade:		Date of Birth:	
Sibling in school:			
Sibling in school:			
Sibling in school:			
Medical conditions, severe allergies, medication information			
Health Card #		Doctor Name and Phone	

-- Fold Form in Half Twice & put inside Plastic Folder / Lanyard --

Parent/Guardian:	Approved Guardian:
Address:	Address:
Cell Phone:	Cell Phone:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Work Address:	Work Address:
Days and Hours at work:	Days and Hours at work:

Student Release Information form (Completed by Parent / Guardian)

School:	<i>St. Matthew's Elementary School</i>	School Year:	
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In the event of an earthquake, school building fire or other serious occurrence resulting in school closure during the school day, and I am unable to collect my child(ren) from school,

I, _____, Parent/Legal Guardian of:

Name	Grade	Class

Request that my child(ren) remain at school, and authorize their release into the custody of the following Temporary Guardians: (must be 19 years of age or older, please provide at least three names)

	Name	Address Destination	Driver's Lic. #	Phone
1				
2				
3				

I acknowledge that during a serious event resulting in school closure, my child(ren) will not be released from school to another adult unless authorized by myself; and on release of my child(ren), a record will be kept at the school of the name of their Temporary Guardian, time of release and expected destination.

Signature:		Date:	
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MEDICAL

ALERT

If your child requires medication or has a medical condition that requires special attention, please provide details below. It will be necessary for the school to have a 72-hour supply of any essential medication. Please note that a more detailed "Medical Alert Form" should also be completed and filed with the school.