Student #: _____________ **Yr of Graduation: _______**

Disaster Release Form Completed By: ________________________Date: _________________

Relationship to student: ____

BELLEVUE HIGH SCHOOL DISASTER RELEASE FORM

Student's Last Name: _____________________________ First Name: ___________________

Address: ____

Mother's Name	Home Phone	Work Phone	Pager/Cell Phone
Father's Name	Home Phone	Work Phone	Pager/Cell Phone
Guardian's Name (If different than above)	Home Phone	Work Phone	Pager/Cell Phone

If parent/guardian are unable to pick up our child, I/we designate the following three people to whom my child may be released in case of an emergency.

Name:	Home Phone:	Pager/Cell Phone
Name:	Home Phone:	Pager/Cell Phone
Name:	Home Phone:	Pager/Cell Phone

Release Statement: I authorize the release of my student to any adult with whom he/she feels comfortable. **Circle One: Yes No**

Medical Alert:
Condition: ____________________________________ Medication: ______________________

Condition: ____________________________________ Medication: ______________________

Please list a friend or family member, who lives out of state that we can call with information in case local telephone service is interrupted.

Name: ______________________________________ Phone: (__)_____________________

FOR SCHOOL USE ONLY

The Student was released to: ______________________________ By: _____________________

Date: __________ Time: _____________ (AM) (PM) Destination: _______________________

Student Request Form
To be taken by runner

Section 1
Completed by parent or person authorized to pick-up child

Please print

Student's Name _____

Grade/Grad Year _____

Section 2
To be completed by Request Gate Staff

Requested By: _____

Proof of I.D. _____ Is Name on Disaster Release Form? **(Yes)** **(No)**
(Drivers license of photo I.D.) (Circle one)

Section 3
To be completed by Student Care Area Staff

Student's Status

Sent with Runner _____Absent _____First Aid _____Missing_____

(If student is absent, in first aid or missing deliver this form to the Command Post)

Section 4
To be completed by Release Gate Staff

Proof of I.D. _____ Is this the same name as in section #1 & 2? **(Yes)** **(No)**
(Circle one)

Section 5
To be filled in by Requester at Release Gate

Requester Signature: _____

Destination:_____

_____

Date: _____ Time: _____

Notes: