

2007 - 2008 Student Disaster Preparedness Form

Child's Name:	Teacher/Rm #:	Grade:
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Parent #1 Name		
Home Address:		Home Phone:
Work Address:		Work Phone:
Cell phone/pager:		Comments:

Parent #2 Name		
Home Address:		Home Phone:
Work Address:		Work Phone:
Cell phone/pager:		Comments:

Emergency Guardians (other than parents) in the IMMEDIATE VICINITY				
Name	Home Phone	Cell Phone	Hilltop Parent?	Comment

*** I authorize my child to be released to the above people or a staff-assigned guardian

Parent Signature:	Date:
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****Is there someone to whom your child SHOULD NOT be released?**

Name:	Relationship:	Comment:
Name:	Relationship:	Comment:

Long Distance Phone Contacts (in case 1-5 not available and/or local communications are down)

Name:	Relationship:	Comment:
Phone #1:	Phone #2:	
Name:	Relationship:	Comment:
Phone #1:	Phone #2:	

Serious Medical Issues - Please indicate any which apply to your child

Convulsive Disorder		Severe Nosebleeds	
Asthma		Hemophilia	
Severe food allergies		Diabetes	
Allergies to drugs		Other	
Needs the following medication:			

STORAGE OF THESE MEDICATIONS IS AVAILABLE AT THE SCHOOL. IT IS THE PARENT'S RESPONSIBILITY TO SEE THAT SUCH MEDICATION AND ANY NECESSARY DELIVERY DEVICE IS STORED ON SITE AND KEPT CURRENT.

I am sending these medications to Kensington School and give my permission for them to be administered as needed.

Parent Signature:	Date:
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Comfort Care	acetaminophen (e.g. Tylenol)		ibuprofen (eg. Advil, Motrin)	
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I give permission for my child to be given the above non-prescription medication(s) as needed per labeled instructions without first contacting me.

Parent Signature:	Date:
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Office Use Only

Child Taken to:	Phone:	Date/Time:
Child Released to:	Phone:	Date/Time: