

\_\_\_\_\_  
**Parent's** Last Name

\_\_\_\_\_  
**Student's** Last Name

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City and Zip

\_\_\_\_\_  
Home Phone

## NATURAL DISASTER & EMERGENCY RELEASE INFORMATION

### Promontory School of Expeditionary Learning 2020-2021

The information you provide below will allow us to care for your child in case of an emergency. In the event of a natural disaster or other emergency that results in a power outage preventing school personnel from accessing computerized student data, Promontory will use this form to contact the parent(s) or guardian or to seek medical attention for the student.

List your students attending this school, oldest first. (One per Family)

<b>STUDENT INFORMATION</b>					
LAST NAME	FIRST NAME	M/F	Grade	Birth Date	List any health concerns
<b>PARENT INFORMATION:</b>					
		<b>WORK PHONE</b>	<b>CELL PHONE</b>	<b>E-MAIL</b>	
FATHER:					
MOTHER:					
GUARDIAN:					

Promontory School of Expeditionary Learning requires a **legal guardian or a person authorized by the guardian** to sign for your student to be released from school during the day. Please include those individuals **(that are not listed above)** that you authorize to take your child when you cannot be contacted. If someone who is not listed below comes to check out your student we will not be able to release them.

**The individuals listed below are authorized to check out my student from school: (These are in addition to the parents/guardians listed above.)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

In the event that none of the above are available, or in the case of an emergency, the school will call an ambulance or the paramedics if it is felt appropriate.

I have read and understand the information included on this form. Furthermore, I accept financial responsibility for all accident/illness-related costs and agree to the emergency procedures outlined above.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature