

# 2008

## 2008 SNG EMERGENCY/DISASTER RELEASE FORM

(Place 1 copy in Food Bag - due 1st day of session) (Bring 2 signed originals to May Parent Mtg)

(See page 2 for a list of suggested food & supplies)

<b>LAST NAME (PRINT LARGE)</b>				<b>TEACHER</b>	
STUDENT LAST NAME	STUDENT FIRST NAME	JAPANESE NAME	OTHER NAME USED	<input type="checkbox"/> MALE	GRADE
<input type="checkbox"/> FEMALE					
STUDENT LIVES WITH (Check all that apply) <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/> STEP-FATHER <input type="checkbox"/> STEP-MOTHER <input type="checkbox"/> OTHER _____					
FATHER/GUARDIAN FIRST NAME	FATHER/GUARDIAN LAST NAME	MOTHER/GUARDIAN FIRST NAME	MOTHER/GUARDIAN LAST NAME		
STUDENT HOME ADDRESS			CITY	ZIP	
STUDENT HOME PHONE		FATHER/GUARDIAN WORK PHONE		MOTHER/GUARDIAN WORK PHONE	
AREA CODE ( )		AREA CODE ( )		AREA CODE ( )	
FATHER/GUARDIAN OCCUPATION	FATHER/GUARDIAN COMPANY NAME	FATHER/GUARDIAN WORK ADDRESS	CITY	ZIP	
MOTHER/GUARDIAN OCCUPATION	MOTHER/GUARDIAN COMPANY NAME	MOTHER/GUARDIAN WORK ADDRESS	CITY	ZIP	
STUDENT'S BIRTHDATE MONTH DAY YEAR	MOTHER/GUARDIAN CELL PHONE #	FATHER/GUARDIAN CELL PHONE #			
/ /	AREA CODE ( )	AREA CODE ( )			

In case of my child's illness or injury and the school is unable to reach me, I give my consent to call or release my child to any of the following persons. I also authorize the named persons to pick up my child from school in the event of a major disaster (e.g. earthquake, flood): **Please print**

NAME	ADDRESS	PHONE	RELATIONSHIP TO STUDENT
_____	_____ ( ) _____	_____	_____
_____	_____ ( ) _____	_____	_____
_____	_____ ( ) _____	_____	_____

**HEALTH INFORMATION**

<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizure Disorder	<input type="checkbox"/> Allergy to Bee Stings	<input type="checkbox"/> Heart Problems	<input type="checkbox"/> Hearing Problems
<input type="checkbox"/> Vision problems		<input type="checkbox"/> Allergy to: _____		<input type="checkbox"/> Other _____	
Is your child restricted from physical activity on smog alert days? Yes _____ No _____				Please explain any items checked:	
Is your child taking prescribed medication on a daily basis? Yes _____ No _____				_____	
List Medication _____				_____	
DOCTOR'S NAME: _____		PHONE ( ) _____			
Insurance Carrier: _____		Insurance Phone#: _____		Policy # _____	
DENTIST'S NAME: _____		PHONE ( ) _____			
Insurance Carrier: _____		Insurance Phone#: _____		Policy # _____	

**OTHER CHILDREN ATTENDING SUZUME NO GAKKO**

LAST NAME	FIRST NAME	GRADE
_____	_____	_____
_____	_____	_____
_____	_____	_____

**In an EMERGENCY, if I cannot be reached, I hereby give permission to the school to call 9 1 1 and/or take my child to an emergency hospital by ambulance. I verify that the information on this form is correct and understand that it is my responsibility to keep this form current and up-to-date.**

Signature of Parent/Guardian	Relationship to Student	Date
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## SUGGESTED FOOD & SUPPLIES

Cheese and Cracker Packs  
Beef Jerky  
Power Bar  
Dried Fruits  
Fruit Snacks  
Fruit Roll Ups  
2 each - 16 oz. Bottles of Water  
Family Picture  
Note to Your Child

PLEASE NOTE: EVERYTHING MUST FIT INTO A  
ONE GALLON SIZE ZIPLOC BAG  
YOU MUST BE ABLE TO CLOSE IT