

2010 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)

LAST NAME (PRINT LARGE)				TEACHER	
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 # AREA CODE ()	FATHER/GUARDIAN CELL PHONE # 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 _____

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