

CRISIS MANAGEMENT FORM

EMERGENCY RELEASE LIST

Student's Name: _____

Teacher's Name: _____

Parent(s) Name: _____

Parent's Signature: _____

My child(ren) may be released to the following in a crisis:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Please carefully consider anyone who would be available to pick up your child if there was some sort of crisis and you became unavailable. Since we are referring to extreme emergencies try to include numbers that are hard-wired, not just cell phones. Put down both if possible. Name as many people as possible. This is not the same as the numbers stored in the office for illness, etc. These are specific to crisis management and will be documented in the township as well.

It is important that you complete this and send it back as soon as possible. Thank you for taking the time to complete this form.

Mr. John Kuebler