

HUNTINGTON BEACH CITY SCHOOL DISTRICT  
Student Release in Case of a Disaster

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STUDENT'S LAST NAME	FIRST NAME	GRADE	TEACHER/PERIOD 1
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PARENT/GUARDIAN LAST NAME	FIRST NAME	RELATIONSHIP (FATHER/MOTHER/STEPPARENT)
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Please list 4 relatives, friends, or neighbors who are authorized to pick up your child at school in case of a disaster such as an earthquake. (local persons preferably) PLEASE PRINT

1. \_\_\_\_\_ 2. \_\_\_\_\_  
(phone) (phone)

3. \_\_\_\_\_ 4. \_\_\_\_\_  
(phone) (phone)

Medication on file with school office – If your child is taking a prescribed, daily medication that is NOT administered at school, please send 3 days dosage and the completed Parent/Guardian and Authorized Health Care Provider Request for Medication form, available on the HBCSD website.

List prescription medicine your child must take: \_\_\_\_\_

In case of SERIOUS ILLNESS or EMERGENCY, I acknowledge that my child may be taken by ambulance to the nearest hospital.

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Parent/Guardian signature	( Daytime phone)	Date
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OFFICE USE ONLY: The above student was released to:

_____	_____
Printed Name	Signature
_____	_____
Date/Time	Release By