

HIGH SCHOOL EMERGENCY NOTIFICATION INFORMATION – ISSAQUAH SD

Student Name _____ Birth Date _____ Grade _____
Last First Middle

Student Cell Phone: (____) _____

If there is a custody or parenting plan in effect, are there restrictions on the non-custodial parent contact with the student? Yes No If yes, plan must be on file with school.

Is there a restraining order in effect? Yes No If yes, legal papers must be on file with school.
Restraining order is against _____ Relationship to student _____

Primary Household Information:

Parent/Guardian #1 Name: _____
Employer _____ Work () _____ Pager () _____ Cell () _____

Parent/Guardian #2 Name: _____
Employer _____ Work () _____ Pager () _____ Cell () _____

Emergency Contacts:

When injury, illness or other emergency situations involving your child occur, we want to quickly reach families or other responsible adults. In the event we cannot reach a parent/guardian(s) listed on the Student Registration Form, list the persons you trust who are available during the day to provide care for your child. (please provide non-resident parent information as an emergency contact if applicable)

1. _____ Relationship _____ Phone () _____
2. _____ Relationship _____ Phone () _____
3. _____ Relationship _____ Phone () _____

◆◆◆◆◆◆◆◆◆◆ EMERGENCY DISMISSAL PROCEDURES ◆◆◆◆◆◆◆◆◆◆

In the event of an unanticipated dismissal due to inclement weather, power outage, or other emergency, we are asking that you develop an emergency action plan. **The plan must not include use of phones**, as there may be instances when phone service is disrupted. Please review this plan regularly with your child.

STUDENT RELEASE AUTHORIZATION: An emergency may require that we hold students at school for pickup. In that situation, we will release students only to the parents/guardians or those emergency contacts listed above.

I authorize the school to release my student to the person(s) listed above:

LEGAL PARENT/GUARDIAN SIGNATURE _____ **Date:** _____