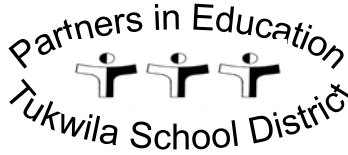


Tukwila School District No. 406



Thorndyke Elementary School
4415 South 150th Street
Tukwila, WA 98188
Phone: 206-901-7600
Fax: 206-901-7607

Cascade View Elementary School
13601 32nd Avenue South
Tukwila, WA 98168
Phone: 206-901-7700
Fax: 206-901-7707

Showalter Middle School
4628 South 144th Street
Tukwila, WA 98168
Phone: 206-901-7800
Fax: 206-901-7807

Tukwila Elementary School
5939 S. 149th Street
Tukwila, WA 98168
Phone: 206-901-7500
Fax: 206-901-7507

Foster High School
4242 South 144th Street
Tukwila, WA 98168
Phone: 206-901-7900
Fax: 206-901-7907

EMERGENCY/DISASTER RELEASE INFORMATION

The following information will only be used in the event of an emergency school closure when school busses are not running, keeping in mind that weather and road conditions will vary from day to day.

Student Name: _____ Grade: _____

Please check all that apply:

_____ My child may WALK home from school

_____ My child may be released to an adult she/he recognizes and is comfortable going home with (neighbor, family friend, etc.) **Please list individuals authorized below.**

Individuals authorized to pick up student:

Name: (First and Last)	Phone Number	Relationship
1. _____ () _____	_____	_____
2. _____ () _____	_____	_____

Include below information about any medications your child takes or any medical conditions that you feel we would need to know about during an emergency:

Do not release my child to the person(s) named below:

(Please make sure that the school has a copy of any restraining order in effect.)

Name: (First and Last)	Phone Number	Relationship
1. _____ () _____	_____	_____
2. _____ () _____	_____	_____

Please be aware:

If we are not able to release your child under the conditions you have indicated and we feel that our school building is not the best place for your child to stay (no heat, no lights, no water, or structural damage has occurred) we may make arrangements for your child to be moved to a safer location until she/he can be picked up. A record of student relocation will be kept in the main office.

Please be aware that your child will be released to those people listed on this form as authorized to pick up your child. If the information on this form changes, please complete a new form at the School Office.

Parent signature: _____

Date: _____