



RIVERVIEW SCHOOL DISTRICT Emergency Disaster Information Sheet

Please type or print clearly

Room Number _____

Student's Name _____ Grade Level _____

Address _____ Home Phone _____

Father's Work Address _____ Father's Driver's License# _____

_____ Father's Work Number# _____

Father's Date of Birth _____ Father's Cell Number# _____

Mother's Work Address _____ Mother's Driver's License# _____

_____ Mother's Work Number# _____

Mother's Date of Birth _____ Mother's Cell Number# _____

**In an emergency or major disaster during school hours, my child may be released to the following person:
(THIS NAME SHOULD BE THE SAME AS ON YOUR CHILD'S EMERGENCY CARD)**

Name _____ Home Phone # _____

Cell Phone # _____

Address _____

Medical Needs:

An extra supply of your child's medicines may be kept in the school health office. Please contact the school nurse in your child's building to make these arrangements.

The district's *Medication Policy* form must be completed to administer all medicines at school. Please notify the nurse in your child's building to update any medicine, medical conditions or food allergies.

Signature of Parent or Guardian _____ Date _____

FOR SCHOOL USE ONLY

The student was released to: _____

By School Office personnel: _____

Time: _____ Date: _____

RETURN THIS FORM IMMEDIATELY TO YOUR CHILD'S HOMEROOM TEACHER