



# STUDENT(S) EMERGENCY RELEASE FORM

LAST NAME

## STUDENT(S) IN THE SCHOOL

ABSENT

PICKED UP

OTHER

Name: \_\_\_\_\_

☐☐☐

Name: \_\_\_\_\_

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Name: \_\_\_\_\_

☐☐☐

Name: \_\_\_\_\_

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## PARENT/LEGAL GUARDIAN:

RELEASED TO

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

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## PARENT/LEGAL GUARDIAN:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

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## OUT OF AREA CONTACT:

Name: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ Email: \_\_\_\_\_

☐ **MEDICAL ALERT:** ☐ If your child requires essential medication, you are responsible for making arrangements with the school for this to be on hand.

## SPECIAL INSTRUCTIONS FOR STAFF:

RELEASED TO:

Parent ☐

Authorized Guardian ☐

Student's Full Name: \_\_\_\_\_

A - Z: \_\_\_\_\_ Div: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_

A - Z: \_\_\_\_\_ Div: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_

A - Z: \_\_\_\_\_ Div: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_

A - Z: \_\_\_\_\_ Div: \_\_\_\_\_

In the event of a significant emergency, or disaster, the school may implement an **Emergency Reunification** of students for their safety and well-being. Should this be necessary, the school will only release your child(ren) to persons authorized on this form, or if necessary to medical personnel.

**AUTHORIZED GUARDIANS:**

**RELEASED TO**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Cell Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Cell Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Cell Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Cell Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

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**FOR SCHOOL USE ONLY**  
**AUTHORIZATION FOR STUDENT(S) RELEASE**

**PICTURE ID:** CONFIRMED ☐ NOT AVAILABLE ☐ ID VERIFIED BY STAFF ☐

**DESTINATION:** HOME ☐ OTHER ☐ **TIME:** \_\_\_\_\_

**STAFF SIGNATURE:** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

**PARENTS/AUTHORIZED GUARDIANS AFTER YOU ARE CHECKED – IN:**

1. Please go to the **Release Gate [2]**.
2. Give this part of the form to a **staff member** at the gate.
3. Please wait at the **Release Gate [2]**, a **staff member** will locate the student(s) and bring them to you.

**ONCE YOU HAVE THE STUDENT(S) PLEASE EXIT THE SCHOOL GROUNDS. THANK YOU FOR YOUR PATIENCE.**