Student(s) Emergency Release Form

LAST NAME

Student(s) in the School

NAME	ABSENT	PICKED UP	OTHER
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐

School Use Only

RELEASED TO

Parent/Legal Guardian

FIRST NAME LAST NAME

ADDRESS

TELEPHONE EMAIL

← ☐

Parent/Legal Guardian

FIRST NAME LAST NAME

ADDRESS

TELEPHONE EMAIL

← ☐

Out of Area Contact

FIRST NAME LAST NAME

TELEPHONE EMAIL

Medical Alert:
Special Instructions for Staff

School Use Only

Released to:

NAME	PARENT	AUTHORIZED GUARDIAN
	☐	☐

STUDENT'S FULL NAME	TEACHER	DIV.

Student(s) Emergency Release Form, continued

Authorized Guardians

In 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 required, to medical personnel.

RELEASED TO

FIRST NAME | LAST NAME

HOME ADDRESS

TELEPHONE | EMAIL

☐

FIRST NAME | LAST NAME

HOME ADDRESS

TELEPHONE | EMAIL

☐

FIRST NAME | LAST NAME

HOME ADDRESS

TELEPHONE | EMAIL

☐

FIRST NAME | LAST NAME

HOME ADDRESS

TELEPHONE | EMAIL

☐

School Use Only

For School Use Only: Authorization for Student(s) release

For School Use Only

Picture ID: ☐ Confirmed ☐ Not Available ☐ ID Verified by Staff

LOCATION | TIME

Destination: ☐ Home ☐ Other

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]** where 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 cooperation and patience.