

Student(s) Emergency Release Form

↓ LAST NAME

Student(s) in the School

NAME

ABSENT

PICKED UP

OTHER

☐☐☐

NAME

☐☐☐

NAME

☐☐☐

NAME

☐☐☐

Parent/Legal Guardian

FIRST NAME

LAST NAME

RELEASED TO

☐

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



Released to:

NAME

PARENT AUTHORIZED
GUARDIAN

☐☐

STUDENT'S FULL NAME

TEACHER

DIV.

STUDENT'S FULL NAME

TEACHER

DIV.

STUDENT'S FULL NAME

TEACHER

DIV.

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.

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

RELEASED TO

← ☐

← ☐

← ☐

← ☐

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

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

Destination: ☐ Home ☐ Other

LOCATION

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]** 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.**