



# STUDENT(S) EMERGENCY RELEASE FORM

LAST NAME

### STUDENT(S) IN THE SCHOOL

ABSENT

PICKED UP

OTHER

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

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

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

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

### PARENT/LEGAL GUARDIAN:

RELEASED TO

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

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

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

### PARENT/LEGAL GUARDIAN:

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

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

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

### OUT OF AREA CONTACT:

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

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

MEDICAL ALERT:

SPECIAL INSTRUCTIONS FOR STAFF:

RELEASED TO:

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: \_\_\_\_\_

School Use Only

School Use Only

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.

RELEASED TO

**AUTHORIZED GUARDIANS:**

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: \_\_\_\_\_

School Use Only

**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.**