

## STUDENT(S) EMERGENCY RELEASE FORM

STUDENT(S) IN THE SCHOOL  Name:  Name:  Name:		AST NAME
PARENT/LEGAL GUARDIAN:		RELEASED TO
First Name:	Last Name:	_ >
Home Address:	Phone ( )	
Cell Phone: ( )	Email:	_ 0
PARENT/LEGAL GUARDIAN:		OS
First Name:	Last Name:	
Home Address:	Phone ( )	_ 2
Cell Phone: ( )	Email:	S
OUT OF AREA CONTACT:		
Name:	Home Phone: ( )	
Cell Phone ( )	Email:	
MEDICAL ALERT:		
SPECIAL INSTRUCTIONS FOR STAFF:		
RELEASED TO:	Parent Authori	zed Guardian
Student's Full Name:	Teacher:	
Student's Full Name:	Teacher:	Div:
Student's Full Name:	Teacher:	Div:
Student's Full Name:	Teacher:	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.

RELEASED TO

AUTHURIZED GUARDIANS:			
First Name:	Last Name:		
Home Address:	Phone ( )		
Cell Phone: ( )	Email:		b.
First Name:	Last Name:		
Home Address:	Phone ( )		
Cell Phone: ( )		0)	
First Name:			
Home Address:	Phone ( )		7
Cell Phone: ( )		_	╛
First Name:	Last Name:		_
Home Address:	Phone ( )		1
Cell Phone: ( )	Email:		J
AUTHORIZA	SCHOOL USE ONLY	Γ(S) RELEASE	
PICTURE ID: CONFIRMED	NOT AVAILABLE	ID VERIFIED BY STAFF	
<b>DESTINATION:</b> HOME OTHER	]	TIME:	-
STAFF SIGNATURE:			
PARENT/GUARDIAN SIGNATURE:			_
PARENTS/AUTHORIZED GUARDIANS A			. —

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- 2. Give this part of the form to a **staff member** at the gate.

1. Please go to the **Release Gate [2]**.

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.