

STUDENT(S) EMERGENCY RELEASE FORM

STUDENT(S) IN THE SCHOOL	ABSENT PICKED UP OTHER	
Name:		NAME
Name:	_ D Geo'	
Name:	— — — — — — — — — — — — — — — — — — —	
Name:	_ 55'\\	
PARENT/LEGAL GUARDIAN:		RELEASED TO
First Name:	Last Name:	>
Home Address:	Phone ()	- 0
Cell Phone: ()	Email:	_ 0
PARENT/LEGAL GUARDIAN:		Us
First Name:	Last Name:	
Home Address:	Phone ()	_ 0
Cell Phone: ()	Email:	S
OUT OF AREA CONTACT:		,
Name:	Home Phone: ()	
Cell Phone ()	Email:	
MEDICAL ALERT:		
SPECIAL INSTRUCTIONS FOR STAFF:		

PARENTS/AUTHORIZED GUARDIANS:

- 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.

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:			REELIGED 10
First Name:	Last Name:		
Home Address:	Phone ()		
Cell Phone: ()	Email:		
First Name:			
Home Address:	Phone ()		
Cell Phone: ()			S
First Name:	Last Name:		
Home Address:	Phone ()		
Cell Phone: ()	Email:		
First Name:	Last Name:		
Home Address:	Phone ()		
Cell Phone: ()	Email:		
	FOR SCHOOL USE ONLY RIZATION FOR STUDEN		SE
PICTURE ID: CONFIRMED	NOT AVAILABLE	NOT AVAILABLE ID VERIFIED BY STAFF	
DESTINATION:	TIME:		
STAFF SIGNATURE:			
PARENT/GUARDIAN SIGNATURE			
RELEASED TO:			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: