

Student Release Form – Elementary School Year: 2018/19

Student First Name:	Far	Family Name:		
Teacher:		Grade:	Div:	
release of students for the child to persons authorized the following information:	ncy or disaster, such as an earthquake ir safety and well-being. Should this be d on this form or, if necessary, to autho nform school of any changes on this for	e necessary, t rized medical	he school will only release yo personnel. Please complete	
Legal Parent/Guardian	First Name		Family Name	× ×
Parent				
Parent				

We/I authorize the release of the above child into the custody of the following persons should either parent be unable to reach the school.

(MUST be the same "Alternates" as listed on the *Student Emergency Identification Form*) (Designated alternates should live within walking distance of the school and be 19+ years old.)

	*Alternate Guardians	Alternate Guardian's Phone or Mobile Number	Alternate Guardian's Email Address	Alternate Guardian's Initials
1.				
2.				
3.				
4.				

* If possible, list 2 adults per household for maximum potential persons to pick up your child

* Remember to include daycares, grandparents etc that normally pick up your child from school.

List any special instructions or individuals who MAY NOT claim this student:

I realize that in the event of a controlled student release, only the above authorized adults will be able to claim my child (medical or response personnel excepted). On release of my child, a record shall be kept of the name of their temporary guardian, time of release and expected destination.

Parent Signature:

Date:

Rev. April 2018