

# STUDENT RELEASE FORM – Elem – School Year 24/25

Student First Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_ Div: \_\_\_\_\_

In the event of an emergency or disaster, such as an earthquake, the school may implement a controlled release of students for their safety and well-being. Should this be necessary, the school will only release your child to persons authorized on this form or, if necessary, to authorized medical personnel. Please complete the following information:

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

Legal Parent/Guardian	First Name	Family Name
Parent		
Parent		

**(Parent is responsible to inform school of any changes on this form throughout school year)**

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 : \_\_\_\_\_ Parent Signature : \_\_\_\_\_  
 Date: \_\_\_\_\_

**FOR SCHOOL USE ONLY (PLEASE PRINT CLEARLY)**

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

Student Released To: \_\_\_\_\_

First Destination: \_\_\_\_\_

Final Destination: \_\_\_\_\_

Authorized by (staff): \_\_\_\_\_

Date & Time of Authorization: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Notes: \_\_\_\_\_