

## STUDENT RELEASE FORM – Elem – School Year 23/24

Student First Name:		Family Name:		
Teacher:		- Grade:	Div:	Fami
release of students for their s	or disaster, such as an earthq afety and well-being. Should t n this form or, if necessary, to a	his be necessary, the	school will only releas	se your 🖺
Legal Parent/Guardian	First Name	First Name Famil		
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 Guard	ian's Email Address	Alternate Guardian's Initials
1.				
2.				
3.				
4.				
* Remember to include daycare	usehold for maximum potential peres, grandparents etc that normally or individuals who MAY NOT c	pick up your child from		
	a controlled student release, or inel excepted). On release of i d expected destination.			
Parent Signature : Date:		nt Signature :		
Student Name:	FOR SCHOOL USE ONLY	(PLEASE PRINT CLEA	ARLY)	
Student Released To:				
First Destination:				
Final Destination:				
Authorized by (staff):				
Date & Time of Authorization	1:			
Parent/Guardian Signature:				
Notes:				