****

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | **Family Name:** |  |
| Legal Parent/Guardian | First Name | Family Name |  |
| Parent |  |  |
| Parent |  |  |
|  | |

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:

***(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:

*Rev. May 2024*