

STUDENT RELEASE FORM – Elem – School Year 24/25

Student First Name:			Family Name:				
Teacher:			- Gra	ade:	Div:		Fami
In the event of an emerge release of students for the child to persons authorize the following information:	ir safety	and well-being. Should t	his be n	ecessary, the so	hool will only releas	se your	Familv Name:
Legal Parent/Guardian		First Name		Family Name			1
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	- I	Alternate rdian'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 (medical or response per guardian, time of release	sonnel e	xcepted). On release of r					
Parent Signature : Parent Signature : Date:							
Student Name:		FOR SCHOOL USE ONLY	(PLEAS	E PRINT CLEAR	LY)		
Student Released To:							
First Destination:							
Final Destination:							
Authorized by (staff):							
Date & Time of Authoriza	tion:						
Parent/Guardian Signatur	re:						
Notes:							