Student Release Form – Elem

School Year: 2021/22

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| --- | --- | --- | --- | --- |
| 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)* | | | **Family Name:** |  |
| 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: 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: