

## Student Release Form – Elem School Year: 2022/23

| 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 |   | 9.           |
| Parent  |                    |              |             |   |              |
| Parent  |                    |              |             |   |              |
| *Altornato Guardiane Altornato Guardian'e Email Addroce   |                    |              |             |   |              |
| 1.  | 0 110010 110111100 |              |             |   |              |
| 2.  |                    |              |             | 1 |              |
| 3.  |                    |              |             |   |              |
| 4.  |                    |              |             |   |              |
| 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         | ):<br>      |   |              |
| FOR SCHOOL USE ONLY (PLEASE PRINT CLEARLY)  |                    |              |             |   |              |
| Student Name:   |                    |              |             |   |              |
| Student Released To:  |                    |              |             |   |              |
| First Destination:  |                    |              |             |   |              |
| Final Destination:  |                    |              |             |   |              |
| Authorized by (staff):  |                    |              |             |   |              |
| Date & Time of Authorizat   | ion:               |              |             |   |              |
| Parent/Guardian Signatur  | e:                 |              |             |   |              |
| Notes:  |                    |              |             |   |              |