

Student Release Form - Secondary

School Year: 2020/21

Student First Name: _____ Student Family Name: _____ Grade: _____

Teacher: _____ Div: _____

Family Name:

Parents/Legal Guardians	First Name (print name)	Family Name (print name)
Parent		
Parent		

Parent or Guardian:

For the safety and well-being of students, the school may implement a "controlled student release" in the event of an emergency, or disaster. **The school administrator may release the student if the situation is deemed to be safe and the student is considered not to be at risk.** In light of the above statement, you are asked to choose one of the following responses:

- If we are unable to reach the school, we authorize the release of our child, in his or her own care, provided the situation is deemed safe and our child is not considered to be at risk.
- If we are unable to reach the school, we do not want our child released unless one of the adults authorized below is able to claim our child (medical or response personnel excepted).

Upon release, a record shall be kept of the temporary guardian's name, or the fact the student was released into their own care, along with the date and time of their release, a contact phone number and their expected destination(s).

*Alternate Guardians	Alternate Guardian's Phone or Mobile Number	Alternate Guardian's Email Address	Alternate Guardian's Initials

* If possible, list 2 adults per household for maximum potential persons (19+ years old) to pick up your child.

CONSIDER: Do YOU have these alternates information in your mobile? You may need to phone or text message them.

List any special instructions or individuals who **MAY NOT** claim your child:

Signatures: Parent: _____ Parent : _____

Dated: _____

FOR SCHOOL USE ONLY - this section to be used at time of release only (PLEASE PRINT CLEARLY)

Student Name: _____ Student's Home Phone or Mobile #: _____

Student was released: Into student's own care First Destination (after release): _____

Or released to: _____ Final Destination (after release): _____
Alternate Guardian's name (PRINT)

Alternate Guardian's Phone or Mobile Number: _____ Date & Time of Release: _____ @ AM PM

Release authorized by: _____ X _____

Notes:

Staff member's name (PRINT)

Student, Parent or Alternate Guardian's signature at time of release

April 2018