

Student Release Form - Secondary School Year: 2018/19

Student First Name:	Student Family Name:		Grade:		
Teacher:		Div:			
Parents/Legal Guardians	First Name (print name)	rint name) Family Name (print name)			
Parent				Fam	
Parent					
of an emergency, or disaster. to be safe and the student is choose one of the following results of the care unable care, provided	e to reach the school, we aut the situation is deemed safe	y release the student if the light of the above stater horize the release of our and our child is not cons	ne situation is dee ment, you are aske child, in his or he idered to be at ris	med d to r own sk.	
below is able to o	o reach the school, we do not wa claim our child (medical or respon	se personnel excepted).			
	ept of the temporary guardian's na eir release, a contact phone numb			own care,	
*Alternate Guardians	Alternate Guardian's Phone or Mobile Number	Alternate Guardian's E	Alternate Guardian's Email Address		
CONSIDER: Do YOU have the	nousehold for maximum potentinese alternates information in your individuals who MAY NOT of	our mobile? You may need			
Signatures: Parent:		Parent :			
		Dated:			
FOR SCHOOL US	SE ONLY - this section to be ι	used at time of release on	ly (PLEASE PRIN	Γ CLEARLY)	
Student Name:	Student's Home Phone or Mobile #:				
Student was released: () In	nto student's own care	First Destination (after re	First Destination (after release):		
Or released to:		— Final Destination (after r	elease):		
Alterna	ate Guardian's name (PRINT)				
Alternate Guardian's Phone or Mobile Number:		Date & Time of Release:	@	CAM CPM	
Release authorized by:		X			

April 2018