



STUDENT EMERGENCY RELEASE FORM – Elementary

FAMILY NAME

Student First Name:	Student Family Name:	
Teacher Name:	Grade:	Division:

For the safety and well-being of students, the school may implement a “controlled release” in the event of an emergency or disaster. Should this be necessary, the school will only release your child to persons authorized on this form or, if necessary, to authorized medical or government personnel.

Parents/Legal Guardians	First Name (print name)	Family Name (print name)	Phone number
Mother			
Father			

We authorize the release of the above child into the custody of the following persons should either parent be unable to reach the school. The following names MUST be the same “Alternates” as listed on the Student Emergency Identification Form. Alternates should live within walking distance of the school and be 19+ years old.

*Alternate Guardian	Phone or Cell Number	Email	Alternate Informed and Agreed (Yes or No)

* If possible, list 2 household adults for maximum potential persons to pick up your child. Remember to include daycares, grandparents or anyone else that would normally pick up your child.

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

We realize that in the event of a controlled student release, only the above-authorized adults will be able to claim our child (medical or response personnel excepted). On release of our child, a record shall be kept of the name of their temporary guardian, time of release and expected destination.

Signatures: Mother: _____ Father: _____

Dated: _____

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

Student’s Name: _____ Student released to: _____

First Destination (after release): _____ Final Destination (after release): _____

Release authorized by: _____ Date & Time of: _____ @ _____ AM PM
(Staff member’s name - Print) Release

X _____
(Parent or Alternate Guardian’s signature at time of release)

Notes: _____