

Student Emergency Release Authorization Form

LIST YOUR CHILD(REN) ATTENDING THIS SCHOOL

First Name	Last Name	Grade	Division	Teacher's Name	Medical Alert

PARENT/GUARDIAN CONTACT INFORMATION

Parent/ Legal Guardian	Full Name (print)	Relation to Child	Phone number
Parent/Guardian #1			
Parent/Guardian #2			

We authorize the release of the above child(ren) to the following individuals if the parent/guardians cannot reach the school:

Alternate Guardian Name	Phone or Cell Number	Email	Alternate Notified and Agreed
			Yes/No
			Yes/No
			Yes/No
			Yes/No
			Yes/No
			Yes/No
			Yes/No

List special instructions or individuals **NOT** authorized to pick up your child _____

Parent/Guardian Signature: _____ Date _____

FOR SCHOOL USE ONLY - Complete this section at the time of release (PRINT CLEARLY)

Student Name: _____ Released to: _____

Destination: Home Other Location/Address: _____

Release authorized by: _____ Date: _____ Time: _____ AM PM

(Staff member's name-Print)