



## EMERGENCY RELEASE FORM

\_\_\_\_\_  
*Student(s) Last Name*

\_\_\_\_\_  
*Student(s) First Name(s)*

As a result of a serious occurrence affecting normal operations of the school, children will not be released from school until an authorized adult comes to retrieve them or, in the case of high school students, grants verbal permission for their child to proceed home on their own.

If your child requires daily medication or has a medical condition that would require special attention, please ensure that the school has this information and a 48-hour supply of any essential medication.

If there are any alerts that the school should be aware of pertaining to the release of your child into the custody of a certain individual, please ensure the school office is informed.

In the event of illness or an injury to my child; or a serious occurrence resulting in school closure during the school day such as an earthquake or fire, and I am unable to collect my child from school,

I, \_\_\_\_\_, authorize the release of my child(ren) as named above into the custody of the following people:  
*First and last name of parent/guardian*

1. \_\_\_\_\_  
*Name Relationship to Student Phone*

2. \_\_\_\_\_  
*Name Relationship to Student Phone*

\_\_\_\_\_  
*Signature of parent/guardian*

\_\_\_\_\_  
*Date*

3. Out of Area Contact in the event local telephone lines are out of order:

\_\_\_\_\_  
*Name Relationship to Student Phone*