



# STUDENT(S) RELEASE FORM

LAST NAME

### STUDENT(S) IN THE SCHOOL

ABSENT

PICKED UP

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

### PARENT/LEGAL GUARDIAN:

RELEASED TO:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

### PARENT/LEGAL GUARDIAN:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

### OUT OF PROVINCE CONTACT:

Name: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ Email: \_\_\_\_\_

**MEDICAL ALERT:**

### SPECIAL INSTRUCTIONS FOR STAFF:

### PARENTS/AUTHORIZED GUARDIANS:

1. Please go to the **Release Gate [2]**.
2. Give this part of the form to a **staff member** at the gate.
3. Please wait at the **Release Gate [2]**, a **staff member** will locate the student(s) and bring them to you.

ONCE YOU HAVE THE STUDENT(S) PLEASE EXIT THE SCHOOL GROUNDS. THANK YOU FOR YOUR PATIENCE.

In the event of a significant emergency, or disaster, the school may implement an **Emergency Reunification** of students for their safety and well-being. Should this be necessary, the school will only release your child(ren) to persons authorized on this form, or if necessary to medical personnel.

**AUTHORIZED GUARDIANS:**

**RELEASED TO:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Cell Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Cell Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Cell Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Cell Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

**FOR SCHOOL USE ONLY**

**AUTHORIZATION FOR STUDENT(S) RELEASE**

PICTURE ID: CONFIRMED  NOT AVAILABLE  ID VERIFIED BY STAFF

DESTINATION: \_\_\_\_\_ TIME: \_\_\_\_\_

STAFF SIGNATURE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

RELEASED TO: \_\_\_\_\_

Parent

Authorized Guardian

Student's Full Name: \_\_\_\_\_

A - Z: \_\_\_\_\_ Div: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_

A - Z: \_\_\_\_\_ Div: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_

A - Z: \_\_\_\_\_ Div: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_

A - Z: \_\_\_\_\_ Div: \_\_\_\_\_