

NATIONAL / LOCAL EMERGENCY RELEASE AUTHORIZATION

Student: _____ Teacher _____ Grade _____

In the event that I am unable to pick up my child from school during an emergency release situation, I grant consent for my child to be released to any of the following individuals:

Print Full Name	Relationship	Phone Number
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		()
		()
		()

***Any non-custodial adult will require photo ID before the child is released.**

***Without this form on file, children will only be released to parent or guardian.**

Parent/Guardian Signature

Date