

## CHURCHILL STUDENT RELEASE FORM

Student Family Name: \_\_\_\_\_ Student First Name: \_\_\_\_\_  
 GR: \_\_\_\_\_ HR: \_\_\_\_\_ STUDENT# \_\_\_\_\_ DATE: \_\_\_\_\_

Legal Parent/Guardian	First Name	Family Name	Contact Number
Mother			
Father			

**Parent/Guardian:**

For the safety and well-being of students, the school may implement a “controlled release” in the event of an emergency or disaster. **The school administrator may release the student if the situation is deemed to be safe and the student is considered not to be at risk.** In light of the above statement, you are asked to choose one of the following responses:

- If we are unable to reach the school, we authorize the release of our child, in his or her own care, provided the situation is deemed safe and our child is not considered to be at risk.**
- If we are unable to reach the school, we do not want our child released unless one of the adults authorized below is able to claim our child (medical or response personnel excepted.)

Upon release, a record shall be kept of the temporary guardian’s name, or the fact the student was released into their own care, along with the date and time of their release, a contact phone number and their expected destination.

*Alternate Guardians	Alternate Guardians’ Contact Number	Alternate Guardians’ Email Address	Alternate Guardians’ Initials

\*If possible, list 2 household adults for maximum potential persons to pick up your child. **Remember** to include anyone who would normally pick up your child.

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

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**SIGNATURES:**

Mother: \_\_\_\_\_ Date: \_\_\_\_\_  
 Father: \_\_\_\_\_ Date: \_\_\_\_\_

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**FOR SCHOOL USE ONLY – this section to be used at time of release only**  
 Please print clearly

Student Name: \_\_\_\_\_ Student Phone or Cell Number: \_\_\_\_\_

**Student was released to:**

- Into student’s own care** First Destination *(after release)*: \_\_\_\_\_
- Or released to:** \_\_\_\_\_ Final Destination *(after release)*: \_\_\_\_\_  
(Alternate Guardian’s name PRINT)

Alternate Guardian’s Phone or Cell Number: \_\_\_\_\_

Date & Time of Release: \_\_\_\_\_ @ \_\_\_\_\_  AM  PM

Released authorized by: \_\_\_\_\_ X: \_\_\_\_\_  
(Staff member’s name PRINT) (Student, Parent or Alternate Guardian’s signature at time of release)

**NOTES:** \_\_\_\_\_  
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