

FORM: STUDENT RELEASE

Use this form to keep track of students who are being reunited with family, or others on their emergency contact list. Request ID at all times.

FAMILIES—To be completed by a family member or authorized emergency contact at the Family Check-In Station.

Family Check-in Station			
Student Name:		Grade:	
Name of person requesting student:		Relationship to student:	

Family Check-In Station		
Is the person requesting the student listed on the Student Emergency Information?	YES	Staff initials:
Did you verify their photo ID?	YES	Describe if identity was verified through another means:
Student Assembly Area		
Did the teacher or Student Assembly Area supervisor mark the student as “released” on their checklist?	YES	Staff initials:
Did you pick up the student from the Student Assembly Area and escort him/her to the Reunification Area?	YES	Staff initials:
Reunification Area		
Did you verify the family member’s photo ID again?	YES	
Was the student successfully released?	YES	
Staff signature:		

Reunification Area	
Signature of the person to whom the student is being released:	
Next destination:	

FORM: STUDENT EMERGENCY INFORMATION***

Use this form to collect emergency contact information of families and at least two additional contacts before an emergency. Please ensure that there are at least two phone numbers for each contact provided.

Student Information

Student's Name: _____ DOB: ____/____/____
Address: _____ City: _____ Grade: _____
Phone: _____ Email: _____
Home Language: _____ Medical Health Conditions: _____

Allergies: _____ Medications: _____

Parent/Guardian Information

Parent/Guardian Name (1st Contact):

Last Name: _____ First Name: _____
Relationship to the Student: _____
Email Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Address (if different from student's address): _____

Parent/Guardian Name (2nd Contact):

Last Name: _____ First Name: _____
Relationship to the Student: _____
Email Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Address (if different from student's address): _____

Emergency Contact Information

List two emergency contacts who would have permission to pick your child up and assume temporary care of your child if you cannot be reached during an emergency. These contacts cannot be the same as parents or legal guardians, but may include grandparents, aunts, uncles, childcare providers, friends, and neighbors that live in the local area.

Emergency Contact Name (1st Contact):

Last Name: _____ First Name: _____
Relationship to the Student: _____
Email Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Address (if different from student's address): _____

Emergency Contact Name (2nd Contact):

Last Name: _____ First Name: _____

Relationship to the Student: _____

Email Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Address (if different from student's address):

Authorization

By signing this form, you give permission for any of the emergency contacts to pick up your child in case of an emergency school closure, illness, or missed bus. Should any of your emergency contact information change during the school year, please remember you need to inform the school as soon as possible. You are also providing consent for the school to share the information on this form with authorized individuals.

Parent or Legal Guardian's Signature: _____ Date: ____/____/____

Print Last Name: _____ Print First Name: _____

***The information contained in this form is private and should be secured and accessed only by authorized individuals. This is needed to ensure compliance with HIPAA, FERPA, and individual rights to privacy.