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## **“Emergency Release From School” Form**

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To the parents of: \_\_\_\_\_

Dear Parents,

In the event of an emergency school closure, we are asking that you sign this release form, giving up to four people permission to take your child(ren) home. If for some reason you will not be home, your child(ren) will be kept at their home.

It is very important for the safety of your child(ren) that he/she is aware of this arrangement and that these people agree to assume the responsibility.

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Person who has permission to pick up your child(ren):

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

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

***PLEASE RETURN FORM BY FRIDAY, AUGUST 24, 2012***