

Trailside Elementary School Emergency Release

Please PRINT the student's LEGAL NAME

Student's Name: _____

Student's Name: _____

Student's Name: _____

Student's Name: _____

Parent/Guardian Information

Father/Guardian: _____ Address: _____

Phone Nos: Home _____ Work _____ Cell _____

Mother/Guardian: _____ Address: _____

Phone Nos: Home _____ Work _____ Cell _____

I give the following individuals, as well as the above listed parent(s) or guardian(s), permission to remove my child/children from school in the event of a major emergency:

<u>Name:</u>	<u>Phone No.</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

This form completed by: _____ Date: _____

Relationship to student/students: _____

THE BOTTOM SECTION IS TO BE COMPLETED ONLY **AFTER** AN EMERGENCY HAS OCCURRED.
DO NOT COMPLETE THE BOTTOM PORTION WHEN FILLING OUT THE REST OF THE FORM.

**** This portion to be completed by the person authorized to remove the student/students from school **AFTER** an emergency has occurred. ****

Student/students signed out to: _____

Date: _____ Time: _____

Note: If multiple students are listed on this form but are signed out by different people, have them sign/date/indicate time on the back of this form stipulating which student they have signed out.