

MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland

Parent/Child Reunification (PCR) Authorization for Release of Student

Name of Student: _____ Date of Birth: _____
Name of School: _____
Parent(s)/Guardian(s): _____

I certify that I am the custodial parent/legal guardian of the above named student, and I grant permission for my child to be released to any of the following individuals in the event of an emergency that requires the school to release the students using parent/child reunification protocols at my student's school. *(Each section must be completed.)*

My child may be released to the following individuals. *(Additional names may be included on a separate piece of paper. If additional names are attached, parent/guardian must initial here: _____.)*

Name: _____ Relationship to child: _____

Address: _____ Phone: _____

Name: _____ Relationship to child: _____

Address: _____ Phone: _____

Name: _____ Relationship to child: _____

Address: _____ Phone: _____

Parent/Guardian Information:

Parent/Guardian Name: _____ Work Phone: _____

Home Phone: _____ Cell Phone: _____

Parent/Guardian Name: _____ Work Phone: _____

Home Phone: _____ Cell Phone: _____

Child's after-school daycare provider: _____ Phone: _____

I understand that my child will be released only to those listed on this form. This form is for PCR use only; no other use is intended or authorized. If this form is not completed and returned to my child's assigned school, MCPS staff may refer to the Emergency Information Card, Form 565-1. I will contact the school if this information changes during the school year.

Parent/Guardian Signature

Date