

Parent Child Reunification: Authorization for Release of Student (s)

Child's Name: _____

Grade/Teacher: _____

Child's Name: _____

Grade/Teacher: _____

Child's Name: _____

Grade/Teacher: _____

Address: _____

Parent/Guardian Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Parent/Guardian Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

In case of the need for an emergency pick-up, my child (children) will be released to me or the person (s) designated by me only after the emergency code has been lifted. A valid I.D. is necessary for my child to be released from the building. Only those people listed below will be permitted to up my child (children).

My child (children) may be released to the following individuals: (Additional names may be included on the back of this form). If additional names are attached, parent/guardian must initial here: _____.

Name: _____ Phone: _____

Address: _____ Relationship: _____

Name: _____ Phone: _____

Address: _____ Relationship: _____

Name: _____ Phone: _____

Address: _____ Relationship: _____

I understand if this form is not returned to my child's assigned school, MCPS staff will refer to the Emergency Information on record in the school office.

Parent/Guardian Signature

Date