



ARCHDIOCESE OF WASHINGTON Catholic Schools Office
Emergency Management and Response Plan

School Emergency Crisis Plan

School Year 2009-2010

Authorization for Release of Student

Name of Student:		Date of Birth:	
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. (Each section must be complete.)

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 1:		Phone:	
Address 2:		Cell Phone:	

Name:		Relationship to child:	
Address 1:		Phone:	
Address 2:		Cell Phone:	

Name:		Relationship to child:	
Address 1:		Phone:	
Address 2:		Cell Phone:	

Parent/Guardian Information:

Parent/Guardian 1:		Work Phone:	
Home Phone:		Cell Phone:	
Email:			

Parent/Guardian 2:		Work Phone:	
Home Phone:		Cell Phone:	
Email:			

Child's after school provider:		Phone:	
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I understand that my child will not be released to anyone other than those listed on this form. If this form is not completed and returned to the school office, staff may refer to the Emergency Information card for student release purposes. If changes occur during the school year, I will contact the school to update this form.

Parent/Guardian Signature:		Date:	
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