



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

Student Name: _____ Date of Birth: _____ Grade: _____
(please print)

Siblings _____ Grade _____
Siblings _____ Grade _____
Siblings _____ Grade _____

I certify that I am the custodial parent/legal guardian of the above named students, and I grant permission for my child(ren) to be released to any of the following individuals in the event of an emergency/crisis that requires the school to release the students using parent/child reunion protocols at my child'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 Reunion Purpose use only; no other use is intended or authorized. If this form is not completed and returned to my child's assigned school, SCS staff may refer to the Emergency Medical Form. I will contact the school if this information changes during the school year.

Parent/Guardian Signature

Date

Please return this form to school by Friday, August 30th.

- Proper identification is required at the site.