

School Closure/Emergency Release Form

Instructions: Parent or Guardian: Please print, complete and return this form to your school ASAP. Complete one for each student. School officials will act on this information in the case of possible school closure/or local emergency. **PLEASE PRINT CLEARLY.**

Student Information:

Student's Last Name: _____ First Name: _____

Address: _____

Mother/Guardian's Name: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ email: _____

Father/Guardian's Name: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ email: _____

Release Contacts: I/we authorize the following people to whom my student may be released in the event of a school closure or local emergency whether or not I/we have been contacted.

| | | |
|------|------------|-----------------|
| Name | Home Phone | Work/Cell Phone |
| | | |
| Name | Home Phone | Work/Cell Phone |
| | | |
| Name | Home Phone | Work/Cell Phone |
| | | |
| Name | Home Phone | Work/Cell Phone |
| | | |

Release Statement: I/we authorize release of my student to any adult with whom she/he feels comfortable. By selecting YES I agree to hold the Lake Washington School District harmless for this release.

Select One: Yes No

Signature(s): _____ Date: _____

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Remember:

- Picture ID required for student release.
- Keep a copy for your records.
- Make a copy for each authorized contact.
- Make sure your children know this plan.
- Have a family plan in place.