

B.O. Barnes Elementary School

Wilson County Schools

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

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

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 during the school year and in the event of an emergency/crisis that requires the school to release the students using parent/child reunification 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 if someone other than the individuals listed above attempt to pick up my child, my child will not be released. I understand that this form will also be used for Parent/Child Reunification purposes during an emergency. I will contact the school if this information changes during the school year.

Parent/Guardian Signature

Date

Please return this form to school if you have not already done so.