

John F. Kennedy High School

Emergency Release Form

In case of school closure due to disaster, I have talked with my student and instructed him/her to do the following: **(Check one only)**

- ☐ Remain at school until I or person(s) designated below pick him/her up.

Designated person(s): _____ Phone #: _____

Designated person(s): _____ Phone #: _____

Designated person(s): _____ Phone #: _____

- ☐ Leave school and proceed directly home.

- ☐ Leave school and proceed to the following address:

List any medical and/or other special problem that should be known:

I understand that once a student is released from school, the school has no way to be certain of his/her whereabouts or safety.

Student name (please print)

Parent/Guardian Signature

FOR SCHOOL USE ONLY

Name: _____

Student Checked Out: _____

Date: _____ Time: _____

Released To: _____ Relationship: _____

Student's Stated Designation: _____

Checked Out By: _____