

Haddon Heights School District Security/Lockdown Incident “Student Release Form”

*******PLEASE PRINT ALL INFORMATION CLEARLY*******

“Student Release Form” Completed By: _____

Relationship to Student: _____ Date Completed: ____/____/____

Student’s Last Name: _____ First Name: _____

Address: _____

Email Address: _____

<u>Mother’s Name</u>	<u>Home Phone</u>	<u>Work Phone</u>	<u>Cell Phone</u>
<u>Father’s Name</u>	<u>Home Phone</u>	<u>Work Phone</u>	<u>Cell Phone</u>
<u>Guardian’s Name (if different than above)</u>	<u>Home Phone</u>	<u>Work Phone</u>	<u>Cell Phone</u>

If I/we are unable to pick up our child, I/we designate the following five people to whom my child may be released in case of emergency:			
<u>Name</u>	<u>Home Phone</u>	<u>Work Phone</u>	<u>Cell Phone</u>
<u>Name</u>	<u>Home Phone</u>	<u>Work Phone</u>	<u>Cell Phone</u>
<u>Name</u>	<u>Home Phone</u>	<u>Work Phone</u>	<u>Cell Phone</u>
<u>Name</u>	<u>Home Phone</u>	<u>Work Phone</u>	<u>Cell Phone</u>
<u>Name</u>	<u>Home Phone</u>	<u>Work Phone</u>	<u>Cell Phone</u>

Medical Alerts:

Condition: _____ Medication: _____

Condition: _____ Medication: _____

****Attach Separate Sheet If Necessary****

Please list a friend or family member, who lives **OUT OF STATE**, or the furthest from the immediate area, that we can call with information in case local telephone service is interrupted.

Name: _____ Phone: _____

For School Use Only

To Be Completed By “Student Release Staging Area” Staff Upon Student’s Release

The Student was released to _____ By _____

Date: _____ Time: _____ (AM) (PM) Destination: _____