

CONSENT TO RELEASE

No student will be released during school hours except when requested by an authorized individual or at the discretion of the administration. A student will be released only to an individual authorized by the custodial parent/guardian. Suitable identification, such as a driver's license, will be necessary before the student is released.

Since release will only be made to those individuals listed as authorized on the form (attached), it is a requirement that a minimum of two individuals in addition to the custodial parent(s) or guardian(s) be listed. In those situations where the release is at the request of the school and no one listed is available, the student will be referred to the police department for transportation to an appropriate destination, such as a medical facility.

adopted 10/27/92

Bus # _____
Walker _____

**CHARIHO REGIONAL SCHOOL DISTRICT
EMERGENCY CONSENT TO RELEASE FORM**

Grade _____
Home Room _____

STUDENT INFORMATION

Student Last Name	First Name	Middle	Date of Birth
-------------------	------------	--------	---------------

PARENT/GUARDIAN INFORMATION

Student Lives with <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other			
Student Lives with (Name #1)	Relationship	Email Address	Cell Phone
Student Lives with (Name #2)	Relationship	Email Address	Cell Phone

NON-CUSTODIAL PARENT INFORMATION (ATTACH COPIES OF LEGAL AND/OR RESTRAINING ORDER DOCUMENTS TO THIS FORM)

Is there a custodial agreement in place? <input type="checkbox"/> None <input type="checkbox"/> Joint <input type="checkbox"/> Sole		Is there a restraining order? <input type="checkbox"/> No <input type="checkbox"/> Yes		Expiration Date
Name	Relationship	Home Phone	Cell Phone	
Employer			Work Phone	

EMERGENCY CONTACTS

Other than the parents/guardians listed above.

ONLY the following individuals may be notified and are authorized to accept responsibility for this child's care in case of illness/emergency or in the case this child is to be dismissed before the close of school.

Name	Phone	Relationship
Name	Phone	Relationship
Name	Phone	Relationship
Name	Phone	Relationship
Name	Phone	Relationship
Name	Phone	Relationship

Chariho will utilize One Call Now in the event of early closing of schools. In the event that no one is at home, my child has been instructed to follow this contingency plan:

MEDICAL INFORMATION

Medical Problems			
Medications <input type="checkbox"/> Given Daily <input type="checkbox"/> Given as Needed			
Authorization for School Nurse to Administer <input type="checkbox"/> Tylenol <input type="checkbox"/> Advil <input type="checkbox"/> Antacids Doses appropriate for age and weight			
Local Physician's Name	Address		Office Phone

Signature of Parent/Guardian

It is your responsibility to keep the school advised of any changes

Date