

FLORIDA UNION FREE SCHOOL DISTRICT EMERGENCY/EARLY RELEASE INFORMATION

Student: _____ School: _____ Grade: _____ School Year: _____

E-mail address of parent/guardian: _____

Parent/Guardian Home Phone:(____)_____ Cell Phone:(____)_____ Work Phone:(____)_____

EARLY RELEASE /EMERGENCY INFORMATION

If it becomes necessary for my child to leave school prior the end of the school day due to a medical appointment or other personal business, the following individuals are authorized to sign my child/ren out. Additionally, these individuals should be called if I cannot be reached in the event of a medical/school emergency or emergency dismissal prior to the end of a regular scheduled school day. **Please be advised that all emergency contacts must be over the age of eighteen and must comply with all early release procedures. Written permission must be faxed to 845.651.7166 before a child will be released to someone not on this list.**

PLEASE LIST PERSONS IN THE ORDER YOU WISH THEM TO BE CONTACTED

#1 Name _____ Cell Phone (____) _____
Please Print Relationship to student

Home Address: _____ Home Phone (____) _____

Work Address: _____ Work Phone (____) _____

#2 Name _____ Cell Phone (____) _____
Please Print Relationship to student

Home Address: _____ Home Phone (____) _____

Work Address: _____ Work Phone (____) _____

#3 Name _____ Cell Phone (____) _____
Please Print Relationship to student

Home Address: _____ Home Phone (____) _____

Work Address: _____ Work Phone (____) _____

EARLY RELEASE PROCEDURES

The District reserves the right to refuse to release a student if these procedures are not followed.

1. The parent/guardian/contact person **must** report to the main office to sign out a student.
2. The person signing out the student must provide a valid form of identification.
3. The person signing out the student must provide a letter signed by a parent excusing a student.*
4. The person signing out the student must complete all the required information on the sign out sheet.

*S. S. Seward students should bring their signed permission letters to the office prior to first period. They will be given a pass to leave class at the appropriate time.

EMERGENCY INSTRUCTIONS FROM PARENT

In the event of an emergency school or district wide dismissal, my child has been instructed to do the following:

☐ **GO HOME** My child can let her/himself in / or if my child arrives home and no one is there, my child may walk to the following address:

ADDRESS

Residents' name/Relationship to child

Telephone #

☐ **DO NOT GO HOME** My child will go directly to the following address:

ADDRESS

Residents' name/Relationship to child

Telephone #

* Children at the elementary school level **will not be released** unless contact with a parent/guardian or emergency contact person has been made.

** Kindergarten and first grade students **must be met** at the bus stop.

Parents or guardians may make temporary or permanent changes to the persons on the emergency contact list at any time. The change must be submitted **in writing** and if it is to be a temporary change, the duration the change will be in place must be noted. Please complete a separate form for each child.

Parent/guardian signature

Date