

MONTGOMERY COUNTY PUBLIC SCHOOLS
CLARKSBURG HIGH SCHOOL

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

Student Name: _____ Student ID: _____ Grade: _____ Date of Birth: _____

Parent/Guardian Information:

Parent/Guardian Name: _____ work phone: _____

Home Phone: _____ cell phone: _____

Parent/Guardian Name: _____ work phone: _____

Home Phone: _____ cell phone: _____

I certify that I am custodial/legal guardian of the above named student, and I grant permission for my child to be released to any of the following individuals 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: _____

I understand that my child will be released only to those listed on this form. This form is for PCR use only; no other use intended or authorized. If this form is not completed and returned to my child's assigned school. MCPS staff may refer to the Emergency Information Card, Form 565-1. I will contact the school if this information changes during the school year.

Parent/Guardian Signature: _____ Date: _____

****PLEASE RETURN THIS FORM TO YOUR CHILD'S FIRST PERIOD TEACHER****