

Col. E. Brooke Lee Middle School
“REUNIFICATION/AUTHORIZATION SHEET”

In order to be better prepared to handle any emergency or crisis during the school year, Col. E. Brooke Lee MS is requesting that parents/guardians provide us with information that will allow us to quickly contact and notify you of the situation, as well as efficiently release students to parents or authorized representatives.

This form should be returned the second week of school to the student’s first period teacher.

Name of Student: _____ Grade: _____
(Please print clearly)

Parent/s Name: _____
(Please print clearly)

Daytime Phone: _____ Cell Phone: _____

EMAIL Address: _____

I certify that I am the custodial parent/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 Col. E. Brooke Lee Middle School. I understand that photo ID must be shown for my child to be released to either myself or the persons I have authorized below. (Additional names may be included on a separate piece of paper. If additional names are attached, parent/guardian must initial here: _____)

PLEASE PRINT

Name _____ Address _____

Phone # _____ Relationship to Child _____

Name _____ Address _____

Phone # _____ Relationship to Child _____

Name _____ Address _____

Phone # _____ Relationship to Child _____

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 is intended or authorized. If this is not completed and returned to Col. E. Brooke Lee Middle School, MCPS staff may refer to the Emergency Information Card, Form 565-1. I will contact Col. E. Brooke Lee Middle School if this information changes during the school year.

Parent/s’ signature/s: _____ Date: _____

_____ Date: _____

FOR USE BY SCHOOL: Photo ID Source: _____