MONTGOMERY COUNTY PUBLIC SCHOOLS Rockville, Maryland

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

Parent/Guardian Sig	nature Date
use only; no other use is intended child's assigned school, MCPS stat	released only to those listed on this form. This form is for PCR or authorized. If this form is not completed and returned to my if may refer to the Emergency Information Card, Form 565-1. I nation changes during the school year.
Child's after-school daycare provider	:: Phone:
Home Phone:	Cell Phone:
Parent/Guardian Name:	Work Phone:
Home Phone:	Cell Phone:
Parent/Guardian Name:	Work Phone:
Parent/Guardian Information:	
Address:	
Name:	Relationship to child:
Address:	Phone:
Name:	Relationship to child:
Address:	Phone:
Name:	Relationship to child:
	following individuals. (Additional names may be included on a names are attached, parent/guardian must initial here:)
for my child to be released to any o	f the following individuals in the event of an Emergency/Crisis that students using parent/child reunification protocols at my student's
	nt/legal guardian of the above named student, and I grant permission
Parent(s)/Guardian(s).	
	Date of Birth: