

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

MCPS Form 236-1 July 2016

Department of School Safety and Security MONTGOMERY COUNTY PUBLIC SCHOOLS Rockville, Maryland 20850

Student Name	Date of Birth/
School	
Parent(s)/Guardian(s)	
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 that requires the school to release the students using parent/child reunification protocols at my student's school. (<i>Each section must be completed</i> .)	
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	o to child
Address	Phone
Name Relationship	o to child
Address	Phone
Name Relationship	o to child
Address	Phone
Parent/Guardian Information	
Parent/Guardian Name	
Work Phone	
Parent/Guardian Name	
Work Phone Cell Phone	-
Child's after-school daycare provider	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 is intended or authorized. If this form is not completed and returned to my child's assigned school, MCPS staff may refer to the MCPS Form 565-1, Emergency Information Card. I will contact the school if this information changes during the school year.	
Parent/Guardian Signature	Date/