



St Nicholas School  
762 Fifth Street  
Struthers, OH 44471

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

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_  
(please print)

Siblings \_\_\_\_\_ Grade \_\_\_\_\_  
Siblings \_\_\_\_\_ Grade \_\_\_\_\_  
Siblings \_\_\_\_\_ Grade \_\_\_\_\_

I certify that I am the custodial parent/legal guardian of the above named students, and I grant permission for my child(ren) 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 reunion 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: \_\_\_\_\_

**Parent/Guardian Information:**

Parent/Guardian Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Home 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 Reunion Purpose use only; no other use is intended or authorized. If this form is not completed and returned to my child's assigned school, SNS staff may refer to the Emergency Medical Form. I will contact the school if this information changes during the school year.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE RETURN THE FIRST DAY OF SCHOOL**

**This form will be used in case of an emergency/crisis to reunite families.**

To be filled out on date of release.

\_\_\_\_\_ was picked up by \_\_\_\_\_  
STUDENT'S NAME SIGNATURE OF PERSON STUDENT RELEASED TO

on \_\_\_\_\_  
DATE

- Proper identification is required at the site.