

MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland

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

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of 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. *(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 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 Emergency Information Card, Form 565-1. I will contact the school if this information changes during the school year.**

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

\_\_\_\_\_  
Date