

**SOUTH KITSAP HIGH SCHOOL  
AUTHORIZATION TO RELEASE STUDENT  
IN EVENT OF DISASTER**

**Student's Name:** \_\_\_\_\_ **Grad Year:** \_\_\_\_\_  
*Last* *First*

**Date of Birth:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

In the event of a disaster/emergency, such as a major fire, earthquake, explosion, etc. and ***AFTER emergency services declares that students may be released***, I give consent for my student to leave campus in one of the following ways:

→ Please check only **one** of the boxes. ←

- May leave on their own/with any responsible adult with whom my student is comfortable and familiar.

**OR**

- May only be released to leave with parent/guardian or those listed below.

**Contact Person #1:** \_\_\_\_\_  
(other than Parent/Guardian) *(full name)*

**Contact Person #2:** \_\_\_\_\_  
(other than Parent/Guardian) *(full name)*

**Contact Person #3:** \_\_\_\_\_  
(other than Parent/Guardian) *(full name)*

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

\_\_\_\_\_  
**Date**