

EMERGENCY RELEASE AUTHORIZATION

In the event of a catastrophic emergency, that requires the closure of the school and dismissal of the student body, Dunn School may release my daughter/son, _____, to an authorized person listed below:

1) NAME _____

ADDRESS _____

CITY _____ STATE _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

2) NAME _____

ADDRESS _____

CITY _____ STATE _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

3) NAME _____

ADDRESS _____

CITY _____ STATE _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

(SIGNATURE OF PARENT OR GUARDIAN) **Date** _____