



2801 N. Izabel Flagstaff, Az 86004 928-773-8240 928-220-1223

Student Release from CHS Event

I, _____ request the my son/daughter, _____
Parent/Guardian **Student's Name**

Be released from the supervision of his/her teacher/coach to my supervision immediately following the event listed below. I understand this allows me, or the designated adult/adults (over the age of 21) listed below, to transport **ONLY** my son/daughter from away activities and relieves the Flagstaff Unified School District and Coconino High School from any responsibilities upon this release. Further, this condition of release requires that I must personally communicate to the teacher/head coach my intention of transporting my son/daughter at the time he/she is released.

| Designated Adult (Over the age of 21) | |
|--|-----------------------------|
| Name of the Adult | Relationship to the Student |
| | |
| | |

Event from which to be released: _____

Specific Date: _____

Sport Season: _____ (Example, Football, Basketball....)

Parent Signature: _____ Date: _____

CHS Administrator Signature: _____ Date: _____

* After all signatures are obtained, please return this form to your coach.

* If other than parent picking up, hard copy form must be used.

HOME OF THE PANTHERS

