

## STUDENT EMERGENCY RELEASE FORM

Side 1 of 2

Student First Name:	Student Family Name:	
Teacher Name:	Grade:	Division:

For the safety and well-being of students, the school may implement a "controlled release" in the event of an emergency or disaster, such as an earthquake. Should this be necessary, the school will only release your child to persons authorized on this form or, if necessary, to authorized medical or government personnel.

Parents/Legal Guardians (relationship)	First Name (print name)	Family Name (print name)

FAMILY NAME

We authorize the release of the above child into the custody of the following persons should either parent/guardian be unable to reach the school. Alternates should live within walking distance of the school and be 19+ years old.

*Alternate Name	Phone or Cell Number	Email
Out of area contact		

\*If possible, list 2 household adults for maximum potential persons to pick up your child. **Remember** to include daycares, grandparents or anyone else that would normally pick up your child.

List any special instructions or individuals who MAY NOT claim your child: \_\_\_\_\_

We, the parents/guardians of the above mentioned student, realize that in the event of a controlled student release, only the above-authorized adults will be able to claim our child (medical or response personnel excepted). I/We have spoken to each of the Alternates regarding this form.

**(Middle/Secondary Students ONLY)**

In the event of a school emergency resulting in school closure, and we are unable to collect our child from school, we authorize the release of our child to proceed home on his/her own accord when the Principal (or designate) gives permission. YES  NO

Parent/Guardian Signatures: \_\_\_\_\_

Dated: \_\_\_\_\_

**Siblings** For reference purposes, please list any siblings of this student who attend this school (*names & grades*)

\_\_\_\_\_

# STUDENT EMERGENCY RELEASE FORM

Side 2 of 2

Student First Name:	Student Family Name:	
Teacher Name:	Grade:	Division:

**Medical Information:** Care Card # \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies/Health Conditions: \_\_\_\_\_

Life Threatening? Yes:  / No:

This child currently on medication: Yes:  / No:

Description: \_\_\_\_\_

Any other considerations: \_\_\_\_\_

\_\_\_\_\_

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## RELEASE INFORMATION – this section to be completed at time of release only (PLEASE PRINT CLEARLY)

Student released to: \_\_\_\_\_

Date & Time of Release: \_\_\_\_\_ @ \_\_\_\_\_ AM PM

Destination (after release): \_\_\_\_\_

\_\_\_\_\_

Release authorized by: \_\_\_\_\_ (signature)

(Print - staff member's name)

TO: \_\_\_\_\_ X \_\_\_\_\_ (signature)

(Print: parent/guardian or alternate name)

NOTES:

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