



**Child's Name** (last, first):

**Div:**

## STUDENT EMERGENCY RELEASE FORM

In the event of an earthquake or other serious incident resulting in school closure, the school may implement a controlled release of students for their safety and well-being. If you are not able to reach the school, staff will release your child to persons authorized on this form or if necessary, to emergency medical personnel. Please keep a record of your authorized guardian names/numbers. It is also reassuring if you share this information with your child.

### LIST OTHER CHILDREN AT SCHOOL(S) IN THE DISTRICT

Name (last, first):	Grade	School

### PARENTS / GUARDIANS

<b>Name</b> (last, first):		
Address:	Home #:	Cell #:
Employer/Address:	Work #:	
<b>Name</b> (last, first):		
Address:	Home #:	Cell #:
Employer/Address	Work #:	

### AUTHORIZED GUARDIANS FOR EMERGENCY RELEASE (student will be released to first person to arrive)

<b>Name</b> (last, first):	Phone 1:
Address:	Phone 2:
<b>Name</b> (last, first):	Phone 1:
Address:	Phone 2:
<b>Name</b> (last, first):	Phone 1:
Address:	Phone 2:
List any individuals who <b>MAY NOT</b> claim this student in an emergency and provide special instructions:	



**OUT-OF-AREA CONTACT**

Name (last, first):	Phone # (include area code)	City/Province/Country

I realize that in the event of an incident that requires student release, only the above authorized guardians (or emergency medical personnel) will be able to pick up my child. I have notified the persons I have designated and they have accepted this responsibility.

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<b>Name (Print)</b>	<b>Parent / Guardian Signature</b>	<b>Date</b>
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**MEDICAL ALERT: If your child requires prescribed medication or has a medical condition that requires special attention, please provide details below. The school requires a 48 hour supply of any essential medication and a detailed Medical Alert Form must be completed and on file at the school.**

**INFORMATION DETAIL:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**STUDENT RELEASE – FOR SCHOOL USE ONLY (Print):**

Released To:	Signature:
Destination:	
Authorized By (staff):	Date / Time:
Notes:	