

Child's Name: _____ Div: _____

STUDENT EMERGENCY RELEASE FORM

In the event of an earthquake or other serious incident the school may implement a controlled release of students for their safety and wellbeing. 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.

ATTACH
CHILD'S
PHOTO
HERE

LIST OTHER CHILDREN ATTENDING SCHOOL(S) IN THE DISTRICT

Last Name, First Name	D.O.B.	Grade	School	*Medical

* List any life threatening medical conditions/information, medications, severe allergies & any instructions on the back side of the page

PARENTS / GUARDIANS

Name:		
Address:	Home #:	Cell #:
Employer/Address	Work #:	Day/Hrs at Work:
Name:		
Address:	Home #:	Cell #:
Employer/Address	Work #:	Day/Hrs at Work:

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

Name:	Address:	Phone 1:
		Phone 2:
Name:	Address:	Phone 1:
		Phone 2:
Name:	Address:	Phone 1:
		Phone 2:

List any individuals who **MAY NOT** claim this student in an emergency and provide special instructions:

OUT-OF-AREA CONTACT

Name	Phone # (include area code)	City/Province/Country	Relationship

MEDIC ALERT: If your child requires prescribed medication or has a medical condition that requires special attention, please provide details on the back. 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.



Name (Print)

Date _____

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