

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.

<u>Please keep a record of your authorized guardian names/numbers.</u>
It is also reassuring if you share this information with your child.

ATTACH	
CHILD'S	
РНОТО	
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 wh	ho MAY NOT claim this student in an emerge	ncy 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 <u>48 hour supply</u> of any essential medication and a detailed Medical Alert Form must be completed and on file at the school.



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MEDICAL INFORMATION DETAIL:	
Lacknowledge that I have spoken to the	e above alternates who have accepted responsibilities associated with bein
	n). I have also advised my child. I realize that in the event of a controlle
	rized individuals will be able to claim my child (except to emergency medic
	ren), a record shall be kept of the name of the authorized person, the tim
released and expected destination.	,,
Name (Print)	
Name (Finit)	Paletti / Guardian Signature Date
STUDENT RELEASE – FOR SCHOOL USE	ONLY (Print):
Released To:	Signature:
	0.0.1.0.0.0
Destination:	
Authorized By (staff):	Date / Time:
Notes:	
Notes.	