



Child's Name: \_\_\_\_\_ 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.

 ATTACH  
 CHILD'S  
 PHOTO  
 HERE

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

Name	Grade	School

**PARENTS / GUARDIANS**

<b>Name:</b>		
Address:	Home #:	Cell #:
Employer/Address	Work #:	
<b>Name:</b>		
Address:	Home #:	Cell #:
Employer/Address	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 <b>MAY NOT</b> claim this student in an emergency and provide special instructions:		

**OUT-OF-AREA CONTACT**

Name	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.

Name (Print)	Parent / Guardian Signature	Date
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**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.**



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## STUDENT EMERGENCY RELEASE FORM

MEDICAL INFORMATION DETAIL: \_\_\_\_\_

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

Released To:	Signature:
Destination (Important, please complete):	
Authorized By (staff):	Date / Time:
Notes:	