



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

Name:		
Address:	Home #:	Cell #:
Employer/Address	Work #:	
Name:		
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 MAY NOT 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

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: _____

STUDENT RELEASE – FOR SCHOOL USE ONLY (Print):

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