

In the event of an earthquake or other serious emergency, 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.

**LIST CHILDREN ATTENDING SCHOOL(S) IN THE DISTRICT**

Name	Grade	Teacher	School	*Medical

\*List any life threatening medical conditions, medications, severe allergies, medical information or any instructions on the back side of this page

**PARENTS / GUARDIANS**

<b>Name:</b>		
Address:	Home ph:	Cell ph:
Employer & Address	Work ph:	Days/Hrs at Work:
<b>Name:</b>		
Address:	Home ph:	Cell ph:
Employer & Address	Work ph:	Days/Hrs at Work:

**AUTHORIZED DESIGNATES FOR EMERGENCY RELEASE STUDENT PICK UP**

Name:	Home ph:	Relationship:
Address:	Cell ph:	Work ph:
Name:	Home ph:	Relationship:
Address:	Cell ph:	Work ph:
Name:	Home ph:	Relationship:
Address:	Cell ph:	Work ph:
List any individuals who <b>MAY NOT</b> claim this student in an emergency and provide special instructions:		

**OUT OF PROVINCE CONTACT**

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

I acknowledge that I have spoken to the above alternates who have accepted responsibilities associated with being an emergency contact for my child(ren). I have also advised my child. I realize that in the event of a controlled student release, only the above authorized individuals will be able to claim my child (except to emergency medical personnel). Upon release of my child(ren), a record shall be kept of the name of the authorized person, the time released and expected destination.

_____	_____	_____
First and Last Name	Parent / Guardian Signature	Date

**STUDENT RELEASE – FOR SCHOOL USE ONLY (please print):**

Student Released to:	Signature:
First Destination:	
Final Destination:	
Processed / Authorized By (staff):	Date / Time:
Notes:	