



# Student Emergency Release Form

**Student Name:** \_\_\_\_\_  
(First) (Last)

**Div.** \_\_\_\_\_

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 CHILDREN ATTENDING SCHOOL(S) IN THE DISTRICT**

Name	Grade	School

**PARENTS / GUARDIANS**

<b>Name:</b>		
Address:	Home ph:	Cell ph:
Employer & Address	Work ph:	Work days/hrs:
<b>Name:</b>		
Address:	Home ph:	Cell ph:
Employer & Address	Work ph:	Work days/hrs:

**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	Relationship

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 responsibility.

\_\_\_\_\_  
**Parent First & Last Name (please print)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**MEDICAL ALERT:** If your child requires medication or has a medical condition that requires special attention, please provide details on the back of this form. 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.



**Student Emergency Release Form**

**Student Name:** \_\_\_\_\_  
(First)

\_\_\_\_\_  
(Last)

**Div.** \_\_\_\_\_

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

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

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