

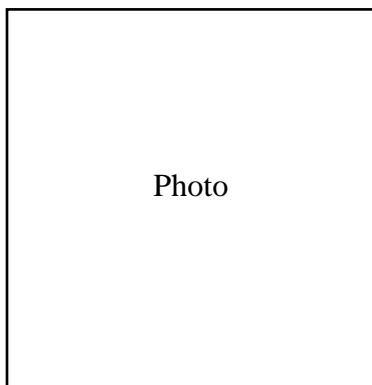


STRAWBERRY VALE ELEMENTARY SCHOOL

Name: _____

Division: _____

STUDENT IDENTIFICATION FOR EMERGENCY RELEASE



LEGAL SURNAME

LEGAL FIRST NAME

LEGAL MIDDLE NAME

MALE / FEMALE (Circle)

Address: _____

(Street address, city, postal code)

Home Phone # _____

MEDICAL ALERT (Red) ☐

SIBLINGS (AT THE SAME SCHOOL):

Name

Teacher

Health Card #

Doctor's Name

Doctor's Phone #

List medical conditions, severe allergies, medication information, or any instructions:

☐ I have completed medical form and attached it ☐ I have enclosed 48hrs of medication for my child

| Parents (or Guardians) | Parents (or Guardians) |
|----------------------------|----------------------------|
| Mother's Name: _____ | Father's Name: _____ |
| Address: _____ | Address: _____ |
| Home Phone: _____ | Home Phone: _____ |
| Work Phone: _____ | Work Phone: _____ |
| Cell Phone or pager: _____ | Cell Phone or pager: _____ |
| Employer: _____ | Employer: _____ |
| Work Address: _____ | Work Address: _____ |
| Days/Hours at work: _____ | Days/Hours at work: _____ |

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. Should this be necessary, the school will only release your child to persons authorized on this form, or if necessary, to emergency medical personnel. Persons below are authorized to pick-up the above student should either parent / guardian be unable to reach the school. Designated alternates should live within walking distance of the school, if possible.

| Print name | Phone numbers | Address | Relationship |
|---|-------------------------------------|---------|--------------|
| 1. | H: _____ W: _____ Cell: _____ | | |
| 2. | H: _____ W: _____ Cell: _____ | | |
| List any individuals below who <u>MAY NOT</u> claim this student in an emergency and provide any special instructions. | | | |

| NEXT OF KIN | | | |
|-------------|---------------------------|-----------------------|--------------|
| Print name | Phone (include area code) | City/Province/Country | Relationship |
| 1. | | | |
| 2. | | | |

| OUT OF CITY/PROVINCE CONTACT (please put N/A if no contact) | | | |
|---|-------------------------------------|-----------------------|--------------|
| Print name | Phone (include area code) | City/Province/Country | Relationship |
| 1. | H: _____ W: _____ Cell: _____ | | |

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 realize that in the event of a controlled student release, only the above authorized individuals will be able to claim my child (except medical or emergency personnel). Upon release of my child, a record shall be kept of the name of the authorized person, the time of release, and expected destination.

Print name: _____ Signature: _____ Date: _____

| Student Release – For School use only (please print) | |
|--|------------------|
| Student Released to (Print) _____ | Signature: _____ |
| First Destination: _____ | |
| Final Destination: _____ | |
| Processed / Authorized by (staff) _____ | Date/Time: _____ |
| Notes: _____ | |
| _____ | |
| _____ | |