

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 **MAY NOT** 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: _____	

