

STUDENT EMERGENCY IDENTIFICATION FORM
School year 2021/2022

STUDENT PHOTO
Will be supplied by school

FAMILY NAME _____
First Name _____

MEDICAL ALERT _____ (use red dot)

Health Card # _____ Doctor: _____ Ph. # _____

List any medical conditions, severe allergies, medication information or any instructions (continue on back if necessary)

STUDENT ADDRESS: _____ PHONE # (604) _____

PARENTS (or guardians)
PARENT #1 NAME: _____ PARENT #2 NAME: _____

ADDRESS: _____ ADDRESS: _____

HOMEPHONE# _____ HOME PHONE # _____

WORK PHONE # _____ WORK PHONE # _____

CELLPHONE#: _____ CELLPHONE#: _____

WORK ADDRESS: _____ WORK ADDRESS: _____

DAYS/HOURS AT WORK: _____ DAYS/HOURS ATWORK: _____

*ALTERNATE GUARDIAN (Persons within walking distance of the school and 19+ years old)

*Suggestion: If possible, list 2 household adults, for maximum number of persons to release your child to

NAME	SIGNATURE	◇ PHONE #(604)

◇ If possible, add cell phone numbers

OUT OF PROVINCE CONTACT

NAME	CITY & PROV/STATE	◇ AREA CODE & PHONE #

I hereby authorize any of the above listed alternate guardians to pick up my child from school in the event of a controlled student release. I also authorize the school or persons caring for my child to use any of the above information, as necessary, in the event of an emergency.

SIGNATURE: _____ SIGNATURE: _____ DATE: _____
(PARENT #1) PARENT #2)

TEACHER: _____

Grade: _____ Div. _____

Student Birthdate _____

Siblings in School:

Name	Teacher
_____	_____
_____	_____
_____	_____

(Family Name)
PLEASE PRINT



Student Release Form – Elem

School Year: 2021/22

Student First Name: _____ Family Name: _____

Teacher: _____ Grade: _____ DIV: _____

In the event of an emergency or disaster, such as an earthquake, 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 authorized medical personnel. Please complete the following information:

(Parent is responsible to inform school of any changes on this form throughout school year)

Legal Parent/Guardian	First Name	Family Name
Parent		
Parent		

Family Name: _____

We/I authorize the release of the above child into the custody of the following persons should either parent be unable to reach the school.

(MUST be the same "Alternates" as listed on the *Student Emergency Identification Form*) (Designated alternates should live within walking distance of the school and be 19+ years old.)

*Alternate Guardians	Alternate Guardian's Phone or Mobile Number	Alternate Guardian's Email Address	Alternate Guardian's Initials
1.			
2.			
3.			
4.			

** If possible, list 2 adults per household for maximum potential persons to pick up your child*

*** Remember to include daycares, grandparents etc. that normally pick up your child from school.**

List any special instructions or individuals who MAY NOT claim this student:

I realize that in the event of a controlled student release, only the above authorized adults will be able to claim my child (medical or response personnel excepted). On release of my child, a record shall be kept of the name of their temporary guardian, time of release and expected destination.

Parent Signature: _____ Parent Signature: _____

Date: _____

FOR SCHOOL USE ONLY (PLEASE PRINT CLEARLY)

Student Name: _____

Student Released To: _____

First Destination: _____

Final Destination: _____

Authorized by (staff): _____

Date & Time of Authorization: _____

Parent/Guardian Signature: _____