



School District 43 (Coquitlam)

Student Identification Emergency Release Form



The shaded information on this form is collected under the School Act, section 13 and 97, which will be used for educational programs purposes and when required, may be provided to health services, social services or other support services as outlined in section 97(2) of the School Act. The information collected in the shaded area will be protected under the Freedom of Information and Protection and Privacy Act. Questions about collection and use of this information should be directed to the Principal of your school or the Information and Privacy Coordinator, SD43. Complete all areas of this form; use N/A if not applicable to you.

| | | | |
|---|---------------|--|----------------------|
| (Advisory) Teacher | | Photo ID (Parents do not send photo unless requested) | |
| Grade | Team/Division | | Legal Surname |
| Language spoken at home | | | |
| Student Social Worker' Name & Phone (if applicable) | | | Legal First Name |
| Student Birthplace | | | |
| Student Birthdate (mm/dd/yy) | | | Legal Middle Name |
| (For School Use Only) Personal Education Number | | | MEDICAL ALERT |
| Locker # Combination | | | Gender F M |
| | | | School Name |

| Name | Siblings at School Teacher | Grade | Health Card # |
|------|-------------------------------|-------|---------------------|
| | | | Doctor Name |
| | | | Doctor Phone Number |
| | | | |

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

| | |
|---|------------|
| Student Address (street address, city, postal code) | Home Phone |
|---|------------|

| Parents (or Guardians) | Parents (or Guardians) |
|------------------------|------------------------|
| Mother's Name | Father's Name |
| Address | Address |
| Home Phone | Home Phone |
| Work Phone | Work Phone |
| Cell Phone | Cell Phone |
| 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.

ALTERNATES

| | | |
|------------|------------|--------------|
| Name | Address | Relationship |
| Home Phone | Work Phone | Cell Phone |
| Name | Address | Relationship |
| Home Phone | Work Phone | Cell Phone |
| Name | Address | Relationship |
| Home Phone | Work Phone | Cell Phone |

List any individuals who **MAY NOT** claim this student in an emergency and provide any special instructions.

NEXT OF KIN

| | | |
|------------|------------|--------------|
| Name | Address | Relationship |
| Home Phone | Work Phone | Cell Phone |
| Name | Address | Relationship |
| Home Phone | Work Phone | Cell Phone |

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 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 release and expected destination.

| | | |
|-----------|------------|------|
| Last Name | First Name | Date |
| | | |

Student Release – for school use only (please print)

| | |
|---------------------------------|-----------|
| Student Released to | Signature |
| First Destination | |
| Final Destination | |
| Processed/Authorized by (staff) | Date/Time |
| Note | |
| | |

[Click here to submit form](#)