



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 Birthdate (mm/dd/yy)			
(For School Use Only) Personal Education Number			Legal Middle Name
Locker # _____		MEDICAL ALERT <input type="checkbox"/>	
Combination _____		Gender <input type="radio"/> F <input type="radio"/> 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
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Parents (or Guardians)	Parents (or Guardians)
Name	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.

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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
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Student Release – for school use only (please print)

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