

## School District 43 (Coquitlam) <u>Student Identification</u> 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(s) Grade Team / Division Native Indian Ancestry? Yes / No Language spoken at home Student's Social Worker's Name & Phone (if applicable)  Student Birthplace Student Birthdate (mm/dd/yy)  (for school use only)	Photo (Parents – do not send photo unless requested)	Legal Surname  Legal First Name  Legal Middle Name  Usual First & Last Name  MEDICAL ALERT  (use red dot)	θ
Personal Education Number		Male / Female (circle)	
Siblings at School Name Teacher Grade	School Name HILLCREST MIDDLE 2161 Regan Avenue Coquitlam, BC V3J 3C5 Health Card #  Doctor Name		θ
	Doctor Phone Number		
List any medical conditions, severe allergies, medication inform	nation, or any instructions.		θ
	Home Phone		θ
street address, city, postal code			
PARENTS (OR GUARDIANS)  Mother's Name Address	PARENTS (OR GUARDIA Father's Name Address	, 	θ
Home phone	Home phone		
Work phone	Work phone		
Cell phone or pager Employer	Cell phone or pager Employer		over
Work address			OVEI
Days / hours at work	Days / hours at work		
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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  Print Name & Signature Phone numbers Address Relationship	
Toldbottomp	
1. H:	
W: Cell:	
2. H:	
W:	
List any individuals who MAY NOT claim this student in an emergency and provide any special instructions.	
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NEXT OF KIN	
Print Name Phone numbers Address Relationship	
1.	
2.	
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OUT OF PROVINCE CONTACT	
Print Name Phone (include area code) City / Province / Country Relationship	
There (head and and and and and and and and and a	
emergency contact for my child(ren). I realize that in the event of a controlled student release, only the above auth	norized
I acknowledge that I have spoken to the above alternates who have accepted responsibilities associated with bein emergency contact for my child(ren). I realize that in the event of a controlled student release, only the above authindividuals will be able to claim my child (except medical or emergency personnel). Upon release of my child, a realize kept of the name of the authorized person, the time release and expected destination.  Print name	norized
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