



School District 43 (Coquitlam)

Student Emergency Release Form

The 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 is protected under the Freedom of Information and Protection and Privacy Act and is kept in a secure location. Questions about collection and use of this information should be directed to the Principal of your school. **Complete all areas of this form; use N/A if not applicable to you.**

School:		Photo ID (Parents do not send photo unless requested)	
Grade:	Division:		Legal Surname
Home Room Teacher:			
Language spoken at home:			Legal First Name
Student Birthdate (mm/dd/yyyy):			
Guardianship? Choose One:			Legal Middle Name
CANNOT PICKUP:			MEDICAL ALERT ☐
Full Name of No-Contact Person			CUSTODY ORDER ☐
Health Card #			
Siblings at School			
Sibling Name	Grade	Teacher Name	
List any medical conditions, severe allergies, medical information or any instructions			
Student Address (street address and city only)			Home Phone (or Main Contact Cell #)
Parent/Guardian #1		Parent/Guardian #2	
Name:		Name:	
Address:		Address:	
Home #:		Home #:	
Cell #:		Cell #:	
Work #:		Work #:	
Best Email:		Best Email:	
Work City:		Work City:	

In the event of a 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: (Minimum of 1 (one) contact required please):

Name:	Address:	
Cell #:	Home #:	Relationship:
Name:	Address:	
Cell #:	Home #:	Relationship:
Name:	Address:	
Cell #:	Home #:	Relationship:
Name:	Address:	
Cell #:	Home #:	Relationship:

OUT-OF-PROVINCE CONTACT

A designated out-of-province contact can relay information to family members when local networks are overwhelmed. Ensure all family members are aware and have access to this contact.

Name	Phone (include area code)	City/Province/Country	Relationship

I acknowledge that the above alternates 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	