

AP 1600 Appendix F: Student Identification Emergency Release Form

The shaded information on this form is collected under the School Act, section 13 & 97, which will be used for educational purposes and when required, may be provided to health services, social services or to 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 (FOIPPA). Questions about collection and use of this information should be directed to the principal of your school or the Privacy Officer, SD8. Complete all areas of this form; use N/A if not applicable to you.

Classroom/Homeroom Teacher:			School Name:	
Grade:	Division:			Child's Legal Last Name:
Language spoken at home:				Child's Legal First Name:
Student Social Worker's Name & Phone (if applicable)				Child's Legal Middle Name:
Student Birthday date (dd/mm/yy):				
For School Use Only P.E.N:				Medical Alert YES ☐ NO ☐
Locker #:				
Combination:			Doctor Name:	
Siblings at School or Other Schools:			Doctor Telephone:	
Name	Teacher/School	Grade	List any medical conditions, severe allergies, medical information or any instructions:	
Student Address (street address, city, postal code):			Home Phone:	
Parent/Guardian # 1			Parent/Guardian # 2	
Name:			Name:	
Address:			Address:	
Home Phone:			Home Phone:	
Cell Phone:			Cell Phone:	
Work Phone:			Work Phone:	

In the event of an 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 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:	Relationship:
Cell Phone:	Home Phone:
Work Phone:	Address:
Name:	Relationship:
Cell Phone:	Home Phone:
Work Phone:	Address:
Name:	Relationship:
Cell Phone:	Home Phone:
Work Phone:	Address:

OUT OF PROVINCE CONTACT

Name:	Relationship:	
Phone (include area code):	City/Province/Country:	
I acknowledge that I have spoken to the above alternates who have accepted responsibilities associated with being an emergency contact for my child. 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.		
Name (print):	Signature:	Date:

FOR SCHOOL USE ONLY - please print

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