



STUDENT EMERGENCY RELEASE

Student Last Name _____

Date of Birth _____

Student First Name _____

School _____

Parent/Caregiver Name _____ Phone Number _____

Parent/Caregiver Name _____ Phone Number _____

In the event of an earthquake or other serious incident resulting in school closure, where I/we are unable to collect our child(ren) from school, we as parent or legal guardian of student named above as well as below (if applicable):

Name(s) of other Child(ren) in the family: _____ Grade _____

_____ Grade _____

_____ Grade _____

_____ Grade _____

authorize the release of my above child(ren) into the custody of the following people: (please provide at least two names) ***Instructions for School Official: Please place check mark beside the name of person picking up student(s).**

✓	NAME	ID Verification (✓)	TELEPHONE #1	TELEPHONE #2

Emergency Contact that resides outside of Nanaimo-Ladysmith:

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I fully realize that during a natural disaster such as an earthquake, my child(ren) will not be released from school to another adult unless authorized by myself (as above); and that on the release of my child(ren) a record shall be kept at the school of the person that picked up the child.

Signature

Date

Please note that staff members will remain on site until authorized individual(s) are able to pick up your child(ren)

The information on this form is collected under the authority of the *School Act*, Sections 13 and 79. The information provided will be used for educational program purposes and, when required, may be provided to health services, social services or other support services as outlined in Section 79(2) of the *School Act*. If you have any questions about the collection and use of this information, please contact the principal of your school or the Information and Privacy Officer, Nanaimo Ladysmith Public Schools, 395 Wakesiah Avenue, Nanaimo, BC V9R 3K6. Telephone 250 754-5521.