

## INSTRUCTIONS FOR COMPLETING THE STUDENT(S) EMERGENCY RELEASE FORM

The information on the **Student(s) Emergency Release Form** will only be used in case of a significant emergency, or disaster situation. Students will only be released to parents or authorized guardians listed on the Student(s) Emergency Release Form. The Student(s) Emergency Release Form is to be filled out once and can be update anytime during the school year, as needed.

**Please read the following guidelines before filling out the form.**

### LAST NAME

- ☐ Write the last name of the student(s) at the school. If students in the same family have different last names, then a separate form will need to be filled out for each student.

### STUDENT(S) IN THE SCHOOL

- ☐ List the first names of the student(s) at the school. Siblings at the school who share the same last name will be listed on the same form.

### PARENT/LEGAL GUARDIAN

- ☐ If the school urgently needs to contact you, our first attempt will be by telephone and/or cell phone. If telephones are not available, your home address and e-mail may be critical for alternate attempts to send you a message.

### OUT OF AREA CONTACT

- ☐ Provide an out of area contact name and phone number including area code. If local telephone service is disrupted after an emergency, the first possible calls may be out of area (long distance) to areas unaffected by the event.
- ☐ If necessary, the school will call the out of area contact to leave a message regarding your child's whereabouts, or condition. This should be the same out of area contact used by the entire family so that news may also be relayed to the student. Out of area contact can be outside of the province and country.

### MEDICAL ALERT

- ☐ Please provide details on any critical medical care that your child may require (including any allergies, or medications). Remember that it may not be possible to reach the usual medical facilities or your usual doctor, so the instructions you give will be valuable.
- ☐ If your child requires essential medication, you are responsible for making arrangements with the school for this to be on hand.

### SPECIAL INSTRUCTIONS FOR STAFF

- ☐ Write down anything you feel school staff should be aware of or know about the student(s). Specific phobias, stress triggers, who is not allowed to pick up the student(s), etc....

### AUTHORIZED GUARDIANS

- ☐ Are not the same as Emergency Notification Contacts required by the school on other forms.
- ☐ List up to four people to ensure your child(ren) are picked up right away.
- ☐ Should either live or work within a reasonable distance to the school and spend the majority of day time hours in the school catchment area.

- ☐ Can be community members, neighbours, friends or family but must be +19 years old.
- ☐ It is essential that you seek the consent of these authorized guardians.
- ☐ Ensure authorized guardians are aware of their responsibilities, are familiar with the school's reunification procedures and have the information for your out of area contact.
- ☐ Give a copy of the Student(s) Emergency Release Form to everyone listed on the form and keep a copy with your family emergency plan.
- ☐ Inform your child who is authorized to pick them up and care for them if you are unable to get to the school right away.

**The bottom of the form is for SCHOOL USE ONLY during a Reunification.**

#### **DURING AN ACTUAL EMERGENCY**

- ☐ Please keep in mind that during an actual event, staff at the school will be very busy accounting for all the students and establishing a safe area for them to be reunited with their parents/guardians.
- ☐ DO NOT phone the school following a disaster. We must keep the lines open for outgoing emergency calls.
- ☐ Listen and watch for updates. Both the school and the district will use a variety of communication tools including phone trees, email, traditional and social media to alert parents of the current situation and next steps.
- ☐ If possible, DO NOT drive up to the school. Streets may be damaged and access to the school must remain clear for emergency vehicles
- ☐ This can be an incredibly stressful time for everyone and having a pre-determined and practised plan will provide physical and psychological safety for all students in the aftermaths of a disaster.
- ☐ Reunification can be a slow process, please do not expect to arrive at the school and be able to pick up your child(ren) immediately. In these situations, there are typically line-ups of parents and guardians waiting to sign out students.
- ☐ While you and your child(ren) will be anxious to be reunited, PLEASE be patient – we must follow our protocols to ensure staff and student safety.

One of the most important areas of school emergency planning is gathering accurate information so that the school can contact you, or someone authorized to act on your behalf. The information on the Student(s) Emergency Release Form is kept strictly confidential at the school unless it is necessary to share the information for your child's health and/or safety.

If you have any questions about the form, please contact the school office at **(250) 384-7184**. Please inform the school if any information contained on this form changes during the course of the school year. Alternate guardians should ensure that any changes in their information are passed on to the parents.

**Parents are responsible for making sure the school has accurate and updated information.**

**Thank You for your cooperation and continued support.**



## STUDENT(S) EMERGENCY RELEASE FORM

LAST NAME

### STUDENT(S) IN THE SCHOOL

Name: \_\_\_\_\_

ABSENT

☐

PICKED UP

☐

OTHER

☐

Name: \_\_\_\_\_

☐
☐
☐

Name: \_\_\_\_\_

☐
☐
☐

Name: \_\_\_\_\_

☐
☐
☐

### PARENT/LEGAL GUARDIAN:

### RELEASED TO

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

### PARENT/LEGAL GUARDIAN:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

### OUT OF AREA CONTACT:

Name: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ Email: \_\_\_\_\_

### ☐ MEDICAL ALERT:

### SPECIAL INSTRUCTIONS FOR STAFF:

### RELEASED TO:

Parent ☐

Authorized Guardian ☐

Student's Full Name: \_\_\_\_\_

A - Z: \_\_\_\_\_ Div: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_

A - Z: \_\_\_\_\_ Div: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_

A - Z: \_\_\_\_\_ Div: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_

A - Z: \_\_\_\_\_ Div: \_\_\_\_\_