North Vancouver School District
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Student Release Form - Secondary
School Year : _____
(yyyy-yyyy)

School: _____ School Phone: _____ School Fax: _____

Student Legal First Name: _____ Student Legal Last Name: _____ Grade: _____

Homeroom Teacher: _____ Homeroom: _____

	Legal First Name	Legal Last Name	Phone or Cell Number
Legal Parent/Guardian			
Legal Parent/Guardian			

Legal Last Name:

Parent or Guardian:
For the safety and well-being of students, the school may implement a "controlled release" in the event of an emergency, or disaster. **The school administrator may release the student if the situation is deemed to be safe and the student is considered not to be at risk.** In light of the above statement, you are asked to choose one of the following responses:

○ **If we are unable to reach the school, we authorize the release of our child, in his or her own care, provided the situation is deemed safe and our child is not considered to be at risk.**

○ If we are unable to reach the school, we do not want our child released unless one of the adults authorized below is able to claim our child (medical or response personnel excepted).

Upon release, a record shall be kept of the temporary guardian's name, or the fact the student was released into their own care, along with the date and time of their release, a contact phone number and their expected destination(s).

*Alternate Guardians	Alternate Guardian's Phone or Cell Number	Alternate Guardian's Email Address	Alternate Guardian's Initials

* If possible, list 2 household adults for maximum potential persons to pick up your child. **Remember** to include anyone who would normally pick up your child.

List any special instructions or individuals who **MAY NOT** claim your child:
_____

Parent/Guardian Signature: _____ Parent/Guardian Signature: _____ Date (mmm-dd-yyyy): _____

FOR SCHOOL USE ONLY - this section to be used at time of release only (PLEASE PRINT CLEARLY)

Student Name: _____ Student's Phone or Cell Number: _____

Student was released: ○ Into student's own care   First Destination (after release): _____

Or released to: _____
Alternate Guardian's name (PRINT)

Final Destination (after release): _____

Alternate Guardian's Phone or Cell Number: _____

Date & Time of Release: _____ @ [____] ○ AM ○ PM

Release authorized by: _____   X _____
Staff member's name (PRINT)   Student, Parent or Alternate Guardian's signature at time of release

Notes: _____