

Student Release Form - Secondary

School Year : _____

(yyyy-yyyy)

School: Sutherland Secondary School Phone: 604-903-3500 School Fax: 604-903-3501

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

Homeroom Teacher: _____ Homeroom: _____

Legal Last Name:

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

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: _____ Final Destination (after release): _____
Alternate Guardian's name (PRINT)

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: _____