



COWICHAN VALLEY
School District

DISMISSAL OF STUDENTS FOR EMERGENCIES

Please Note: One form required per family

In the event of an earthquake or serious emergency, students will only be dismissed through the emergency release station. Please list below the people you authorize us to release your children to:

EMERGENCY CONTACT (***OTHER THAN Parent/Guardian***) for emergencies such as an earthquake or serious disaster

I, _____, Parent/Legal Guardian of:

Name(s) of child(ren);	_____	Grade _____
	_____	Grade _____
	_____	Grade _____

Authorize the release of my above child(ren) into the custody of the following people (please provide at least two names):

Name	Address	Telephone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

**Please think carefully about people who may easily be able to get to the school.
We will not let your child go with anyone who is NOT on this list!**

I fully realize that as a result of a serious occurrence affecting the normal operation of school, my child(ren) will not be released from school to another adult unless authorized by myself; and that on the release of my child(ren), a record shall be kept at the school of the name of their temporary guardian, time of release and expected destination.

_____ Signature	_____ Date	_____ Phone
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Medic Alert:

If your child requires daily medication or has a medical condition that would require special attention, please insure a "Student Health Questionnaire" and follow-up medical form has been completed. It is essential the school have this information and a 48-hour supply of any essential medication.

