



Student Emergency Release Form (2020-21)

In the event of an earthquake, school building fire or other serious occurrence resulting in school closures during the school day, and I am unable to collect my child(ren) from school,

I, _____, Parent/Legal Guardian of:

Name	Grade	Class

Request that my child(ren) remain at school, and authorize their release into the custody of the following temporary guardians: (must be 19 years of age or older, please provide at least three names)

	Name	Address	Phone
1			
2			
3			

I fully realize that during a serious occurrence resulting in school closure, 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 will be kept at the school of the name of their temporary guardian, time of release and expected destination.

Signature:		Date:	
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If your child requires medication or has a medical condition that requires special attention, please provide details below. It will be necessary for the school to have a 48 hour supply of any essential medication. Please note that more detailed information should have also been provided and filed with the school



BELONG



BELIEVE



ACHIEVE

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