



QUEEN OF ALL SAINTS SCHOOL

1405 Como Lake Avenue, Coquitlam, B.C. V3J 3P4

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STUDENT EMERGENCY RELEASE

Family Name: _____

In the event of an earthquake or other serious incident resulting in a school closure, where I am unable to collect my child(ren) from school, I _____, Parent/Legal Guardian of:

Names of Child(ren): _____	Grade: _____
_____	Grade: _____
_____	Grade: _____
_____	Grade: _____

Authorize the release of my above child(ren) into the custody of the following people:

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

Please list at least two (2). The people named above must present identification before the child(ren) will be released.

I fully realize that during a natural disaster such as an earthquake, my child(ren) will not be released from school to another adult unless authorized by myself (as above); and that on the release of my child(ren) a record shall be kept at the school of the name of the guardian, time of release and the expected destination.

Signature: _____

Date: _____