

MEDICAL ALERT _____

LANGLEY SCHOOL DISTRICT #35
BLACKLOCK FINE ARTS ELEMENTARY

EMERGENCY RELEASE FORM

Student Name _____

Teacher's Name _____

Division _____

I give permission for release of my telephone number to the Blacklock Volunteer Phoning Committee so that I may be contacted in the event of an emergency.

Yes _____ No _____

IF I AM UNABLE TO PICK UP MY CHILD FOLLOWING AN EMERGENCY, HE / SHE CAN GO HOME WITH THE FOLLOWING PEOPLE:

Name: _____

Telephone # Home: _____

Address: _____

Work # _____ Cell # _____

Name: _____

Telephone # Home: _____

Address: _____

Work # _____ Cell # _____

MY CHILD SHOULD NOT BE RELEASED TO:

1. _____

2. _____

Parent Signature (must be signed) _____