EMERGENCY RELEASE FORM
RICHMOND CHRISTIAN SCHOOL
Authorization and Direction by Parent/Guardian for the Release of a Child in the Event of a Disaster

2019-2020

Name of Child _____
First Name Middle Name Last Name

Name of Parents/Guardians

Father _____ Cell Phone # _____

Home Phone # _____ Employer's Phone # _____

BC Driver's Licence # _____ (Photo ID must be provided for a child's release)

Mother _____ Cell Phone # _____

Home Phone # _____ Employer's Phone # _____

BC Driver's Licence # _____ (Photo ID must be provided for a child's release)

Alternate Adult Authorized to pick up a student _____

Home Address _____ Relationship to Child: _____

Home Phone # _____ Cell Phone # _____

In the event of a serious natural disaster, I authorize the release of my child into the care of an adult known to him or her and with whom 2 RCS staff members are confident my child can safely be released to based on their personal knowledge of the relationship the unnamed adult has to and with my child.

Father _____ Mother _____
Signature Signature

Do you have someone outside the Lower Mainland we can contact (i.e. east of Chilliwack, BC)?

Name: _____ Phone # _____

I, _____, being the Parent/Legal Guardian of _____ (name of child), by my signature below authorize and direct Richmond Christian School to release my child named above into the care and custody of any of the persons listed on this form in the event that I and/or the other parent (or legal guardian) are unable to retrieve the above named child due to a disaster including, but not limited to, a damaging earthquake. I understand that during an emergency situation, picture ID must be presented before my child will be released into their care.

Name: _____

Signed: _____ Date: _____(mm/dd/yy)

Office Use Only – Do not write in this space. PHOTO ID **MUST** BE PROVIDED TO CONFIRM Name and Address as above.

The above named child has been released into the care of:

_____ Parent/guardian or alternate (ID/ ADDRESS Confirmed)
(Name of person taking child) (CIRCLE) YES VERBAL/STUDENT

By: _____ _____
Name of person(s) releasing child – PLEASE PRINT and INITIAL Name of person(s) releasing child – PLEASE PRINT and INITIAL

Name: _____ _____ _____
(Signature of Parent/ Guardian or Alternate named above) (Date Released) (Time Released)