



## Bulgarian Heritage Language School “St. St. Cyril & Methodius” Vancouver Student Information / Critical Situation Form / Student Release Form

In the event of a medical emergency or disaster such as an earthquake or fire, during classes, the school may implement a controlled release of students for their safety and wellbeing. Should this be necessary, the school will only release your child to person(s) authorized on this form, or if necessary, to authorized medical or government personnel.

<b>STUDENT INFORMATION:</b>			
First Name:	Middle Name:	Last name:	
Birth date (mm/dd/yyyy)	EGH ( <i>Bulgarian personal identification number</i> )	Desired enrollment grade ( <i>Pre-school to 11</i> )	
Address		City, Province, Postal code	
Home phone		Cell phone	
<b>MEDICAL INFORMATION</b>			
Family physician		Phone	
Medical care card number:			
Medical condition(s), if any:			
Medication(s) taken, if any:			
Allergies, if any:			
<b>PARENT/LEGAL GUARDIAN INFORMATION</b>			
Father		Mother	
First Name		First Name	
Last Name		Last Name	
Home phone		Home phone	
Work phone		Work phone	
Cell phone		Cell phone	
Address		Address	
City, Province, Postal code		City, Province, Postal code	
Email		Email	





**WE AUTHORIZE THE RELEASE OF THE ABOVE CHILD INTO THE CUSTODY OF THE FOLLOWING PERSON(S) SHOULD EITHER OF US BE UNAVAILABLE TO BE CONTACTED, OR UNABLE TO REACH THE SCHOOL.**

Name	_____	Home phone	_____
Relationship to student	_____	Cell phone	_____
Name	_____	Home phone	_____
Relationship to student	_____	Cell phone	_____

I realize that in the event of a controlled student release, only the above authorized adults will be able to claim my child (medical or response personnel excepted). On release of my child, a record shall be kept of the name of their temporary guardian, time of release and expected destination. In a situation where the school is unable to contact either one of the parents/guardians, or the authorized persons listed above, the school may contact 911 for help.

Parent/Guardian Signature:	_____	Date:	_____
Parent/Guardian Signature:	_____	Date:	_____

**FOR SCHOOL USE ONLY**

STUDENT NAME \_\_\_\_\_

STUDENT RELEASED TO \_\_\_\_\_

FIRST DESTINATION \_\_\_\_\_

FINAL DESTINATION \_\_\_\_\_

AUTHORIZED BY (STAFF) \_\_\_\_\_

DATE & TIME OF AUTHORIZATION	SIGNATURE OF PARENT/GUARDIAN
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