



## 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> ) |  |
| 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,<br>Postal code           |              | City, Province,<br>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 |
|------------------------------|------------------------------|

NOTES

