



DIOCESE OF SAN DIEGO

(One Per Family)

EARTHQUAKE / DISASTER RELEASE RECORD

* Note: Parent/Guardian signature required

FAMILY NAME: _____ SCHOOL: _____

Children's Names	Grade	Children's Names	Grade
1. _____	_____	3. _____	_____
2. _____	_____	4. _____	_____
Home Address: _____		Phone: (____) _____	

Father's Business Address: _____ Phone: (____) _____

Mother's Business Address: _____ Phone: (____) _____

Father's Business Hours: _____

Mother's Business Hours: _____

Father's Cell Number: (____) _____ Mother's Cell Number: (____) _____

LIST FOUR (4) ADULTS YOU AUTHORIZE TO PICK UP YOUR CHILD IN AN EMERGENCY:

Name: _____ Phone: (____) _____ Relationship: _____

Name: _____ Phone: (____) _____ Relationship: _____

Name: _____ Phone: (____) _____ Relationship: _____

Name: _____ Phone: (____) _____ Relationship: _____

Name of Family Physician: _____ Phone: (____) _____

Medical Precautions/Information: _____

*CONSENT

I authorize the school to provide for medical services for my children, in an emergency.

Parent Signature: _____ Date: _____

EARTHQUAKE / DISASTER RELEASE RECORD (for school use only)

Name: _____ Was released to: _____

Date: _____ Time: _____

Location to which child/children taken: _____

School Official: _____

Name: _____ Was released to: _____

Date: _____ Time: _____

Location to which child/children taken: _____

School Official: _____

Name: _____ Was released to: _____

Date: _____ Time: _____

Location to which child/children taken: _____

School Official: _____