

EARTHQUAKE/DISASTER RELEASE FORM 2020-2021

Parish: Annunciation Family Name: _____

Children's Name	Grade	Children's Name	Grade
<u>1</u>	_____	<u>3</u>	_____
<u>2</u>	_____	<u>4</u>	_____

Home Address: _____ Home Phone: _____
Cell# _____

Father/Guardian Business Address: _____ Phone# _____
Mother/Guardian Business Address: _____ Phone# _____

List (4) Adults you authorize to pickup your child in an emergency:

Name _____	Phone# _____	Relationship: _____
Name _____	Phone# _____	Relationship: _____
Name _____	Phone# _____	Relationship: _____
Name _____	Phone# _____	Relationship: _____

Name of Family Physician: _____ Phone# _____
Parent/Guardian Signature _____ Date _____

Consent: I authorize Annunciation Parish to provide medical services for my children in case of an emergency.

Parent/Guardian Signature _____ Date: _____

FOR OFFICE USE ONLY EARTHQUAKE/ DISASTER RELEASE RECORD

Name _____	Was Released to: _____
Date: _____	Time: _____
Location where Child/Children were taken: _____	
Parish Official _____	
Name _____	Was Released to: _____
Date: _____	Time: _____
Location where Child/Children were taken: _____	
Parish Official _____	
Name _____	Was Released to: _____
Date: _____	Time: _____
Location where Child/Children were taken: _____	
Parish Official _____	