

# EARTHQUAKE/DISASTER RELEASE FORM 2021-2022

Parish: Annunciation Family Name: \_\_\_\_\_

<u>Children's Name</u>	<u>Grade</u>	<u>Children's Name</u>	<u>Grade</u>
<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 _____	