

FAMILY NAME: \_\_\_\_\_

INITIAL OF PARENT LAST NAME; \_\_\_\_\_

**BLESSED SACRAMENT PARISH SCHOOL  
EMERGENCY RELEASE RECORD 2010-2011**

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

Home Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Father's Business Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Mother's Business Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Father's Cell Phone: ( ) \_\_\_\_\_

Mother's Cell Phone: ( ) \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone:( ) \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Relation: \_\_\_\_\_

**CONSENT:**

Name of Family Physician: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

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

**Parent Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Office use only**

***EARTHQUAKE/DISASTER RELEASE RECORD***

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location to which children taken: \_\_\_\_\_

School Official: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Was released to: \_\_\_\_\_

School Official: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location to which children taken: \_\_\_\_\_

School Official: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location to which children taken: \_\_\_\_\_

School Official: \_\_\_\_\_