

FAMILY NAME: _____

INITIAL OF PARENT LAST NAME; _____

**BLESSED SACRAMENT PARISH SCHOOL
EMERGENCY RELEASE RECORD 2011-2012**

<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: _____