



DISASTER INFORMATION

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

HOME PHONE: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

In the event of a major disaster or earthquake, your child(ren) will be held on the parish grounds and only be released to those adults listed below.

I HEREBY GIVE CONSENT FOR THESE PERSONS TO TAKE MY CHILDREN HOME IF I AM UNABLE TO DO SO. I HAVE NOTIFIED EACH OF THEM REGARDING THIS PERMISSION.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

FOR OFFICE USE ONLY

(List two persons)

Name: \_\_\_\_\_

Children picked up:

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

Yes \_\_\_\_\_

Phone: . \_\_\_\_\_

No \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

Name: \_\_\_\_\_

Children picked up:

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

Yes \_\_\_\_\_

Phone: . \_\_\_\_\_

No \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

Children picked up:

Yes \_\_\_\_\_

No \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_