

STUDENT RELEASE PROCEDURES  
Following A Earthquake/Disaster

1. Parent/Guardian will go to Reunion site at the driveway between the church and the rectory.
2. A release form will be filled out and signed by the parent/guardian and by the school personnel at the Reunion site. (NO CHILD WILL BE RELEASED UNLESS THE STUDENT RELEASE FORM HAS BEEN PREVIOUSLY SIGNED BY THE PARENT/GUARDIAN.
3. Runners will locate the child and bring him/her to the Reunion site.
4. PLEASE DO NOT CALL THE SCHOOL, RECTORY OR CHILD ON A CELL PHONE IN THE EVENT OF A DISASTER. LISTEN TO LOCAL RADIO OR TELEVISION CHANNELS FOR INFORMATION.
5. THE REUNION SITE WILL BE MANNED BY FACULTY MEMBERS.

**DIOCESE OF SAN DIEGO**  
**EARTHQUAKE / DISASTER RELEASE RECORD**  
 (One Per Family)

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

Children's Names	Grade	Children's Names	Grade
1. _____	_____	3. _____	_____
2. _____	_____	4. _____	_____
Home Address: _____		Phone: (_____) _____	

Father's Business Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Mother's Business Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Father's Work Hours: \_\_\_\_\_

Mother's Work Hours: \_\_\_\_\_

Car Telephone: \_\_\_\_\_ Beeper Number: \_\_\_\_\_

**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: _____

Name of Family Physician: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EARTHQUAKE / DISASTER RELEASE RECORD**

Name: _____	Was released to: _____
Date: _____	Time: _____
Location to which child/children taken: _____	
School Official: _____	

Name: _____	Was released to: _____
Date: _____	Time: _____
Location to which child/children taken: _____	
School Official: _____	

Name: _____	Was released to: _____
Date: _____	Time: _____
Location to which child/children taken: _____	
School Official: _____	

**CONSENT**

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

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_