## 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:	and the second s	SCH	00L:		No
Children's Names	Grad	745	Children's N		Grade
1.					
2Home Address:					
Father's Business Address:	ACCIDENT OF THE STATE OF THE ST		AND LOCAL COLORS OF THE CONTRACT CONTRA	Phone: /	CHINA ALD HANDLES CHINA CONTRACTOR AND AND CONTRACTOR CHINA CONTRACTOR CONTRA
Mother's Business Address:					
Father's Work Hours:					
Mother's Work Hours:					
Car Telephone:			Beeper Number: _	THE RESIDENCE OF THE PARTY OF T	
LIST FOUR (4) ADULTS YOU AUTHORIZE TO P	ICK UP YOUR CHILI	D IN AN EMERGE	ENCY:	THE RESERVE OF THE PROPERTY OF	(SCDARD DOST ON DESCRIPTION OF SERVICE AS TO
Name:	Phone: (		Relation:		AC 200
Name:	Phone: (	)	Relation:	Official and the second	
Name:	Phone: (	)	Relation:		
Name:	Phone: (	)	Relation:		
Name of Family Physician:					
Parent Signature:					
545	THOUGHT / DIC	ACTED DELE	ACE DECODE		
	THQUAKE / DIS			METANDOS DA COMENTACIONES COMENTO A UNIO E MOTAL	MINISTER THE STREET CO. L. C.
Name:					4
Date:					
Location to which child/children taken:					
School Official:					
Name:		Was released to:			
Date:		Time:			k
Location to which child/children taken:					
School Official:					
TO SECURE AND ADDRESS OF THE PROPERTY OF THE P	OCCUPATION CONTRACTOR STATE OF THE STATE OF	Wes released to	Our and the second seco	MANAGEMENT OF THE PROPERTY OF	
Name:			•		COCONTACTOR CALL TO A STATE OF THE STATE OF
Date:			NOTES OF THE PROPERTY OF THE P		20a V-10.00a 20.000
Location to which child/children taken:	O CONTRACTOR OF THE CONTRACTOR		CALL COLOR C	and the second s	
School Official:					
CONSENT					157
I authorize the school to provide medical services for my children, in an emergency.					

Parent Signature: \_