

Beatitudes of Our Lord Catholic Community  
 Religious Education Office  
 EMERGENCY/EARTHQUAKE/DISASTER INFORMATION

FAMILY NAME: \_\_\_\_\_ CROSS REFERENCE: \_\_\_\_\_  
 HOME ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CHILDREN'S NAMES (In Program)	Class Level
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

FATHER'S NAME: \_\_\_\_\_  
 FATHER'S WORK HOURS: \_\_\_\_\_  
 FATHER'S WORK/CELL PHONE: \_\_\_\_\_  
 MOTHER'S NAME: \_\_\_\_\_  
 MOTHER'S WORK HOURS: \_\_\_\_\_  
 MOTHER'S WORK/CELL PHONE: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Are any of your children on any medication? If yes, list child's name, medication and condition:

\_\_\_\_\_  
 \_\_\_\_\_

LIST 3 ADULTS YOU AUTHORIZE TO PICK UP YOUR CHILD IN AN EMERGENCY:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

**CONSENT**

I authorize Beatitudes of Our Lord Religious Education Office to provide medical services for my child/ren, in an emergency.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

EARTHQUAKE/DISASTER RELEASE RECORD

**FOR OFFICE USE ONLY:**

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

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

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

Beatitudes Staff Signature: \_\_\_\_\_

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

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

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

Beatitudes Staff Signature: \_\_\_\_\_

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

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

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

Beatitudes Staff Signature: \_\_\_\_\_