

FAMILY EMERGENCY & EVACUATION SHEET

ACADEMIC YEAR 2017-2018

FAMILY/HOUSEHOLD NAME _____ HOME PHONE _____

Name of Student _____ Birthdate _____ Grade _____

Name of Student _____ Birthdate _____ Grade _____

Name of Student _____ Birthdate _____ Grade _____

Name of Student _____ Birthdate _____ Grade _____

Please provide complete parent/guardian information (circle parent or guardian):

Father/Guardian _____ Home Phone _____ Cell/Pager # _____

Home Address (street, city, zip) _____ Work Phone# _____

Mother/Guardian _____ Home Phone _____ Cell/Pager # _____

Home Address (street, city, zip) _____ Work Phone# _____

I/We hereby authorize St. Patrick Catholic School to procure medical, hospital, or dental care for my minor child(ren) in the event of an emergency while in the care of the above in accordance with the California Civil Code Section 25.8. I/We understand that I/We am/are financially responsible for any care so procured. **To wit:** Either parent, if both parents have legal custody, or the parent or person having legal custody or the legal guardian of a minor may authorize in writing any adult person whose care the minor has been entrusted to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the minor under the general or special supervision and upon the advice of a physician, surgeon, or dentist, licensed under the provisions of the Medical Practice Act or the Dental Practice Act.

If I/We, the parent(s)/guardian(s), cannot be reached in an emergency, I/We give permission to the school to contact the person below (circle relative or friend):

Relative/Friend _____ Phone _____ Work _____

Relative/Friend _____ Phone _____ Work _____

Relative/Friend _____ Phone _____ Work _____

Family physician/dentist information:

Physician _____ Phone _____

Dentist _____ Phone _____

If the school is unable to reach me/us or our family physician/dentist in the event of an emergency requiring medical/dental treatment, (*check one*):

_____ I/We give the school permission to call another physician/dentist or emergency service of the school's choice.

_____ I/We do not give the school permission to choose another physician/dentist or emergency service. I/We provide the following alternates to be contacted:

Alternate Physician _____ Phone _____

Alternate Dentist _____ Phone _____

Special medical (including allergies), physical or other conditions exist for:

Name of Student _____ Grade _____

Special Conditions _____

Name of Student _____ Grade _____

Special Conditions _____

Name of Student _____ Grade _____

Special Conditions _____

Name of Student _____ Grade _____

Special Conditions _____

EVACUATION RELEASE

As you are aware, it is possible that during a school year we might experience an earthquake or other emergency situation. We have been mandated by the State of California and the Diocese of Monterey to establish specific procedures under which to deal with such an occasion. We have done this and feel that the preparations, procedures, and the trained staff available afford maximum safety for our students. In keeping with these emergency plans, we ask that should any emergency occur, you do **not** call the school or drive to the school immediately. Your cooperation with both of these requests will enable us to deal with the situation most efficiently and with the utmost care for the welfare of everyone on campus. We hope that such an emergency will never occur; however, we feel confident in the knowledge that our plan for the campus is a well-organized, well practiced and effective one and that your son/daughter will be well cared for under any circumstances. Your careful completion of this **Family Evacuation Release Card** will enable us to see that, if your son/daughter should leave the campus, he/she will be dismissed carefully, safely and only to those of your designation.

In the event of an earthquake or other emergency, my son/daughter may be released in compliance with St. Patrick Catholic School's emergency dismissal plan to the following individuals. **(AT LEAST ONE NAME IS REQUIRED)**

Relative/Friend _____ Phone/Cell _____ Work _____

Relative/Friend _____ Phone _____ Work _____

Relative/Friend _____ Phone _____ Work _____

Relative/Friend _____ Phone _____ Work _____

Father/Guardian Signature and Date

PLEASE SIGN AND DATE

Mother/Guardian Signature and Date

PLEASE SIGN AND DATE

