

EMERGENCY INFORMATION:

CHILD'S NAME: _____,
(Last Name)/apellido First (Nombre)

ADDRESS: _____

PHONE: _____

EMERGENCY CARE INFORMATION: names of adults, other than the parents, who may pick up child in an Earthquake-Disaster situation.

Name: _____
Relationship: _____ **Phone:** _____

Name: _____
Relationship: _____ **Phone:** _____

Name: _____
Relationship: _____ **Phone:** _____

Name: _____
Relationship: _____ **Phone:** _____

Signature of / Firma de

Parent or Guardian

Date

Earthquake – Disaster Release Information

Student's Name: _____

Was released to _____

Date _____

Location where child was taken _____

Person releasing child: _____