

NATIVITY SCHOOL EXTENDED DAY CARE PROGRAM

Disaster Release Form

Child's Name _____ Parent's Name _____

Address _____ City _____ Zip _____

Home Telephone _____

Business Telephone _____

PERSONS AUTHORIZED TO REMOVE CHILD FROM THE CENTER AFTER A DISASTER

This is limited to three persons including parents to help eliminate confusion on the location of the child during or after a disaster. This will also help the Red Cross reunite the family.

1. Name _____ Relationship _____

Address _____

Home Telephone _____ Business Telephone _____

2. Name _____ Relationship _____

Address _____

Home Telephone _____ Business Telephone _____

3. Name _____ Relationship _____

Address _____

Home Telephone _____ Business Telephone _____

Please include information for someone who is **outside of California** who we can contact in case of a major emergency:

Name _____ Relationship _____

Address _____

Home Telephone _____ Business Telephone _____