

**St. Paul Littlest Angel Preparatory Preschool/PreK/Young Fives
(In case of Major Disaster – Emergency Dismissal Form)**

Child's Name _____

Address: _____ City: _____ Phone # _____

Father

Mother

Name: _____
Address: _____
Home Phone #: _____
Business Phone #: _____
Cell Phone #: _____
Pager #: _____
Employed by: _____
Business Address: _____

Name: _____
Address: _____
Home Phone #: _____
Business Phone #: _____
Cell Phone #: _____
Pager #: _____
Employed by: _____
Business Address: _____

Other work locations, numbers, information: _____

Other work locations, numbers, information: _____

Please describe any **physical, medical or emotional** conditions, including **allergies** to **food or medication**, that should be considered for your child in an **emergency situation**:

Physician: _____ **Address:** _____

Hospital: _____ **Health Card #** _____

Parent Signature: _____ Date: _____

Sibling/s Name & Grade attending St. Paul Elementary School

Preschool Child's Name: _____

Address: _____ Phone # _____

Sibling's Name: _____ Grade _____

Sibling's Name: _____ Grade _____

Sibling's Name: _____ Grade _____

Sibling's Name: _____ Grade _____

*Authorized People to whom my child can be released. Child will only be released in case of major disaster to one of the following provided a picture identification is produced at time of pick up:

Name: _____

Address: _____ Phone #: _____

Name: _____

Address: _____ Phone #: _____

Name: _____

Address: _____ Phone #: _____

Name: _____

Address: _____ Phone #: _____

Name: _____

Address: _____ Phone #: _____

Name: _____

Address: _____ Phone #: _____

*Other responsible persons maybe designated by preschool personnel.

Parent Signature

Date

Signature of Person to whom this child has been released.

Please print name above.

Date