



St. Finn Barr School
419 Hearst Avenue, San Francisco, CA 94112

EARTHQUAKE EMERGENCY CARD

Name of Student _____ Grade _____

The above named student will not be released from the custody of the Principal or other authorized personnel of St. Finn Barr School in the event of an Earthquake or other disaster, without authorization from the parent. Please read and complete the information below.

AFFIDAVIT OF PARENTAL AUTHORIZATION RELEASING THEIR CHILD/CHILDREN TO THE CARE OF THE PERSONS NAMED BELOW. A PHOTO ID WILL BE REQUESTED AT TIME OF RELEASE.

I, _____, hereby authorize any of
Parent/Guardian's full name - please print

the persons whose names appear below to assume the care and responsibility of my child/children and to release them from the custody of the Principal or other authorized personnel of St. Finn Barr School, if I am prevented from doing so because of earthquake or other disaster.

NAME OF AUTHORIZED PERSONS (PRINT)	RELATIONSHIP TO STUDENT	PHONE# WHERE THIS PERSON CAN BE REACHED
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list brothers and sisters attending St. Finn Barr School School:

Student's full name(print)	Grade	Student's full name(print)	Grade
Student's full name(print)	Grade	Student's full name(print)	Grade
(Signature of Parent/Guardian)		(Date)	

FOR OFFICE USE ONLY

PARENT/AUTHORIZED PERSON(PRINT) _____ SIGNATURE OF PARENT/AUTHORIZED PERSON _____

Time student was released. _____ Date _____

Names of siblings also released: _____

Destination: HOME: _____ OFFICE: _____ RELATIVE(specify which) _____
OTHER, please specify _____

PHOTO ID VERIFIED: _____ Driver's License: _____ Office ID: _____ Medical ID: _____ School ID: _____
OTHER, please specify _____

RELEASED BY: _____
CLEARLY WRITTEN SIGNATURE