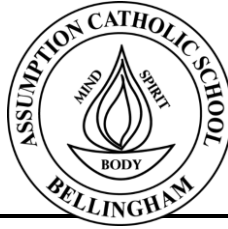


1 form per Student



Grade _____

Assumption Catholic School
2116 Cornwall Avenue
Bellingham, Washington 98225

Phone (360) 733-6133
Fax (360) 647-4372
www.school.assumption.org

2018-2019 EMERGENCY SITUATION RELEASE FORM

(Fill one out for each student)

In the event of an emergency or disaster, if you are unable to get to the school to pick up your student, please designate below who the representative of Assumption Catholic School can release your student to.

I/We request that _____ (grade _____) be released to one of the following individuals:
(PRINT STUDENT NAME)

_____	his/her _____
Print name of authorized person	Relationship to student
_____	his/her _____
Print name of authorized person	Relationship to student

Out of State Contact: _____ Relationship _____

Out of State Contact Number _____
(In case of local phone problems)

Signature of Parent or Guardian _____

RETURN FORM TO OFFICE (DO NOT CUT APART) – DO NOT PUT IN STUDENT COMFORT KIT

Bottom portion to be completed by School Release Team ONLY

_____ Requester on emergency card

Released to: _____

Intended Destination: _____

Destination Phone: _____

Time of Release: _____ Date of Release _____

Signature of Authorized Representative: _____