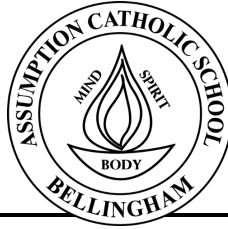


1 form per Student



Grade \_\_\_\_\_

Assumption Catholic School  
2116 Cornwall Avenue  
Bellingham, Washington 98225

Phone (360) 733-6133  
Fax (360) 647-4372  
[www.school.assumption.org](http://www.school.assumption.org)

## 2022-2023 EMERGENCY SITUATION RELEASE FORM

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)

**Mother/Guardian:** \_\_\_\_\_ **Father/Guardian:** \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Emergency Contact #1:

\_\_\_\_\_ Relationship to student \_\_\_\_\_ Phone number \_\_\_\_\_  
Print name of authorized person

### Emergency Contact #2:

\_\_\_\_\_ Relationship to student \_\_\_\_\_ Phone number \_\_\_\_\_  
Print name of authorized person

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: \_\_\_\_\_