

Family Name \_\_\_\_\_  
Print

**St. Agnes School**  
**Emergency Dismissal Form**

List names and grades of your children attending SAS:

1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

Please list below the names of those you give permission for authorized St. Agnes School personnel to dismiss your child to in the event of an emergency. Please list yourselves and two people who would not have difficulty getting to St. Agnes School if you are not able to. (This does not necessarily mean carpools. In the event of a disaster, you will need to have someone who will be able to care for your child after they are picked up if you cannot get home).

1. \_\_\_\_\_  
Mother or Guardian  
2. \_\_\_\_\_  
Father or Guardian  
3. \_\_\_\_\_  
4. \_\_\_\_\_

Do both parents have custody?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If no, indicate to which parent  
child may be released to.

Any emergency *health* information: \_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

**DO NOT SIGN BELOW UNTIL DISASTER DAY**

Signature of Mother \_\_\_\_\_

Signature of Father \_\_\_\_\_

Child released to \_\_\_\_\_ Date \_\_\_\_\_

Signature

Time \_\_\_\_\_ Release by \_\_\_\_\_