Science Exploration Camp
Lawrence Berkeley National Laboratory
1 Cyclotron Road, Mail Stop 90R4000
Berkeley, CA 94720

Earthquake (or other emergency) Dismissal Instructions

Camper's Last Name _____ First Name _____ Dates Enrolled _____

Parent/Legal Guardian Home Phone _____ Parent/Legal Guardian Work Phone _____

Parent/Legal Guardian Home Phone _____ Parent/Legal Guardian Work Phone _____

Out of State Emergency Contact

Contact Name _____ Contact Relationship _____ Contact Phone _____

Emergency Care Plans

In the first 24 hours after a severe earthquake, I want you to care for my child until I arrive, or you may release my child to the following people:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Parent Signature _____ **Date** _____

For emergency use only:

Date and time signed out: _____ a.m./p.m.

Please print:

Name of escorting adult: _____

Destination address: _____

Destination phone: _____

Traveling by: _____