

St. Bernard Parish Government Public Assisted Evacuation



Registration # _____
(To be completed by staff)

Preliminary Evacuation Form (One per family)

Last Name: _____ First Name: _____
Address: _____
SS#: _____ - _____ - _____ DOB: ____/____/____ Age: _____ Male or Female
Phone # _____ - _____ - _____ (Picture ID Verified: YES or NO (To be completed by staff))

Married: YES or NO if yes, Spouses Name: _____
Is spouse evacuating with you? YES or NO (REG # _____ to be completed by staff)
SS#: _____ - _____ - _____ DOB: ____/____/____ Age: _____ Male/Female

Are you evacuating with children YES or NO
If yes, please list children's full name, age and gender. REG #(s) Assigned by staff

1. _____ Age: ____ Male/Female	(REG # _____)
2. _____ Age: ____ Male/Female	(REG # _____)
3. _____ Age: ____ Male/Female	(REG # _____)
4. _____ Age: ____ Male/Female	(REG # _____)
5. _____ Age: ____ Male/Female	(REG # _____)

Have you registered any pets YES or NO
If yes, please list pet registration number (s): _____

Does anyone on this form have any critical medical issues: YES or NO
If yes, please explain: _____

(To be completed by staff)
Luggage Total:
_____ Piece(s)

(To be completed by staff)
BUS # _____
Total evacuees (this form): _____

PLEASE READ ONLY

TO BE COMPLETED WITH STAFF WORKER AT REGISTRATION



**St. Bernard Parish Government
Office of Homeland Security & Emergency Preparedness
8201 W. Judge Perez Dr.
(504) 278-4268 Chalmette, LA 70043 Fax (504) 271-7343**

**Public Assisted Evacuation Program
Release of Liability**

Name: _____ **Reg #:** _____

THIS IS TO BE ENTERED AS A FULL AND COMPLETE RELEASE OF ALL LIABILITY ON ST. BERNARD PARISH GOVERNMENT (SBPG) AND ITS' SUBDIVISIONS BY THE ABOVE LISTED REGISTERED EVACUEE AND HIS/HER REGISTERED DEPENDENTS.

By receiving assistance through the Public Assisted Evacuation Program, you agree to indemnify and hold harmless St. Bernard Parish, its agents, employees and volunteers, while participating in connection with evacuation and sheltering.

This agreement shall be binding upon your successor, heirs and assigns. All modifications and/or changes shall be in written approval only, oral modifications and/or promises are null and void.

The evacuee is responsible for the following:

- 1) Providing all medications needed, over the counter and prescriptions (minimum of 2 weeks).
- 2) Providing all clothing and toiletries, a minimum of three days.
- 3) Follow all rules outlined for participation.
- 4) Signing the "Release of Liability Form". No evacuee will be accepted without an executed release.
- 5) Outlining any acute illness and/or injury which may require care during the evacuation and/or sheltering.

The evacuee understands and acknowledges SBPG will only provide the most basic shelter conditions and agrees to act carefully and courteous at all times, guard his/her safety and the safety of other occupants of the shelter. Failure to abide by the rules of the program may be grounds for his/her immediate removal.

In return, the SBPG Public Assisted Evacuation Plan will arrange for and/or provide for those without the means and/or ability to self evacuate, the basic minimum resources needed to pickup, transport, register and shelter the resident(s) during times of declared emergencies requiring evacuation.

I specifically acknowledge and affirm that I have read the above and understand the guidelines and criteria of the St. Bernard Parish Public Assisted Evacuation Program. I further acknowledge my responsibilities in participating in the program.

I agree to the "Release of Liability" terms as stated above.
I understand that I have the right to seek other means of evacuating and sheltering.

Evacuee's Signature **Date**

Witness **Date**

Name of Emergency Contact (Next of Kin) **Phone #**