St. Bernard Parish Government Public Assisted Evacuation

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):__________________
Public Assisted Evacuation Program
Release of Liability

Name: ________________________________  Reg #: __________________

THE 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