

ARCHDIOCESE OF LOS ANGELES

EMERGENCY - EARTHQUAKE - DISASTER INFORMATION

FAMILY'S LAST NAME:

FAMILY INFORMATION

PARENT 1 : Father Mother Step-Parent Guardian

First Name Last Name Home Address City State Zip Code

Maiden Name (if mother) (_____) Home Phone (_____) Work Phone (_____) Cell Phone Call 1st 2nd

Occupation Employer Work Address City State Zip Code Hours of Employment

PARENT 2 : Father Mother Step-Parent Guardian

First Name Last Name Home Address City State Zip Code

Maiden Name (if mother) (_____) Home Phone (_____) Work Phone (_____) Cell Phone Call 1st 2nd

Occupation Employer Work Address City State Zip Code Hours of Employment

Student Lives with:

Both Natural Parents Father only Mother only Mother/Stepfather Father/Stepmother Guardian Other: _____

STUDENT INFORMATION

STUDENT 1 : _____
Student's Last Name First Middle
Grade _____ Social Security# _____ Birthdate _____ Birthplace _____
Sex: Male Female Wears: Glasses Contact Lenses History of seizures: Yes No
Asthma _____ Health Problems _____ Medication _____ Student's HMO Enrollment# _____

FOR OFFICE
USE ONLY

STUDENT 2 : _____
Student's Last Name First Middle
Grade _____ Social Security# _____ Birthdate _____ Birthplace _____
Sex: Male Female Wears: Glasses Contact Lenses History of seizures: Yes No
Asthma _____ Health Problems _____ Medication _____ Student's HMO Enrollment# _____

FOR OFFICE
USE ONLY

STUDENT 3 : _____

Student's Last Name

First

Middle

Grade _____ Social Security# _____ Birthdate _____ Birthplace _____

Sex: Male Female

Wears: Glasses Contact Lenses

History of seizures: Yes No

Asthma _____ Health Problems _____ Medication _____ Student's HMO Enrollment# _____

FOR OFFICE
USE ONLY

EMERGENCY CARE INFORMATION

Name:	Relationship:	Phone #:
Name:	Relationship:	Phone#
Name:	Relationship:	Phone#
Name:	Relationship:	Phone#

HEALTH INSURANCE: _____ Group # _____ Subscriber # _____

Carrier Name

Address

Doctor's Name _____ Phone# _____ Address _____

Dentist's Name _____ Phone# _____ Address _____

EARTHQUAKE DISASTER RELEASE INFORMATION

TO BE COMPLETED FOR EACH STUDENT BY SCHOOL OFFICIAL IN THE EVENT OF AN EARTHQUAKE DISASTER

STUDENT 1 NAME:	STUDENT 2 NAME:	STUDENT 3 NAME:
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Was released to: _____ Date: _____ Time: _____

Location to where the child was taken: _____ School Official releasing the child: _____

CONSENT:

I understand that the school does not assume responsibility for payment of physician. However, in an emergency the school may choose a physician. In an emergency I give the school permission to have my child receive medical treatment.

SIGNATURE OF:

Parent/Guardian 1

Date

Parent/Guardian 2