FAMILY LAST NAME:

Archdiocese of Los Angeles

Emergency - Earthquake - Disaster Information

FAMILY INFORMATION

PARENT 1: ☐ Father ☐ Mother ☐ Step-Parent ☐ Guardian **EMAIL:** _____

First Name | Last Name | Home Address | City | State | Zip Code

Maiden Name (if mother) | Home Phone | Cell Phone | Work Phone | CALL ☐ 1st ☐ 2nd

Occupation | Employer | Work Address | City | State | Zip Code | Hours of Employment

PARENT 2: ☐ Father ☐ Mother ☐ Step-Parent ☐ Guardian **EMAIL:** _____

First Name | Last Name | Home Address | City | State | Zip Code

Maiden Name (if mother) | Home Phone | Cell Phone | Work Phone | CALL ☐ 1st ☐ 2nd

Occupation | Employer | Work Address | City | State | Zip Code | Hours of Employment

STUDENT LIVES WITH: ☐ Both Natural Parents ☐ Father ☐ Mother ☐ Mother/Stepfather ☐ Father/Stepmother ☐ Guardian ☐ Other: _____

STUDENT INFORMATION

STUDENT 1: _____

Student's Last Name | First | Middle | DOB (MM/DD/YYYY) | Birthplace | Grade

Sex: ☐ Male ☐ Female **Wears:** ☐ Glasses ☐ Contact Lenses ☐ N/A **History of seizures:** ☐ Yes ☐ No **Asthma:** ☐ Yes ☐ No

Health Problems | Medication | Allergies

STUDENT 2: _____

Student's Last Name | First | Middle | DOB (MM/DD/YYYY) | Birthplace | Grade

Sex: ☐ Male ☐ Female **Wears:** ☐ Glasses ☐ Contact Lenses ☐ N/A **History of seizures:** ☐ Yes ☐ No **Asthma:** ☐ Yes ☐ No

Health Problems | Medication | Allergies

STUDENT 3:

Student's Last Name | First | Middle | DOB (MM/DD/YYYY) | Birthplace | Grade

Sex: ☐ Male ☐ Female **Wears:** ☐ Glasses ☐ Contact Lenses ☐ N/A **History of seizures:** ☐ Yes ☐ No **Asthma:** ☐ Yes ☐ No

Health Problems | Medication | Allergies

STUDENT 4:

Student's Last Name | First | Middle | DOB (MM/DD/YYYY) | Birthplace | Grade

Sex: ☐ Male ☐ Female **Wears:** ☐ Glasses ☐ Contact Lenses ☐ N/A **History of seizures:** ☐ Yes ☐ No **Asthma:** ☐ Yes ☐ No

Health Problems | Medication | Allergies

EMERGENCY INFORMATION

Name:	**Relationship:**	**Phone:**
Name:	**Relationship:**	**Phone:**
Name:	**Relationship:**	**Phone:**
Name:	**Relationship:**	**Phone:**

Health Insur.:

Carrier Name | Address | Group # | Subscriber #

Doctor's Name | Phone | Address

Dentist's Name | Phone | Address

EARTHQUAKE DISASTER RELEASE INFORMATION (Office Use Only)

STUDENT 1:	STUDENT 2:	STUDENT 3:	STUDENT 4:

Was realeased to | Located | Date | Time | School Official Releasing

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

Signature of Parent/Guardian 2 | Date