

STUDENT DISASTER PREPAREDNESS INFORMATION

Student's Name _____ M F / / _____
Last Name First Name MI M / F Birthdate Grade/Room/Teacher

Home Address _____ City _____ Zip _____ Home Phone _____

Parent/Guardian _____ mother father other _____ Employer _____

Phone Numbers _____
Work Home Cell Pager

E-mail address _____

Parent/Guardian _____ mother father other _____ Employer _____

Phone Numbers _____
Work Home Cell Pager

E-mail address _____

With whom does the child live? _____

Does parent/guardian speak English? Yes No Language spoken at home? English Spanish Other _____

Does your child have any medical conditions? Asthma Severe allergies Diabetes Seizures

Other _____

My child takes medication at school. Name and dosage of medication(s) _____

My child takes daily medication at home. Name and dosage of medication(s) _____

I will provide a 3 day supply of medication to the school in the event of an emergency

My child has special health care procedures or needs: Epi pen Tracheostomy GT feedings Catheterizations

Wheelchair Other _____

Health Care Provider _____ Ph # _____

*******If we are unable to reach you, please provide at least 3 LOCAL contact persons who are authorized to pick up your child from school if your child is ill, needs medical attention, or must be evacuated due to natural disaster or other catastrophe. Your child will NOT be released to anyone whose name is not on this form.**

Name _____ Relationship _____ Ph #'s _____
Day Cell Pager

Name _____ Relationship _____ Ph #'s _____
Day Cell Pager

Name _____ Relationship _____ Ph #'s _____
Day Cell Pager

Name _____ Relationship _____ Ph #'s _____
Day Cell Pager

Name _____ Relationship _____ Ph #'s _____
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PLEASE NOTE: All persons picking up children MUST provide a valid photo identification or your child will not be released. We need the name and phone number of a contact person to notify who lives outside of California or outside of the Bay Area:

Name _____ Relationship _____ Ph #'s _____
Day Cell Pager

List siblings attending this school:
 Name _____ Grade/Teacher _____
 Name _____ Grade/Teacher _____
 Name _____ Grade/Teacher _____

Signature of parent/guardian **Date**

Printed name of parent/guardian