

# 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# \_\_\_\_\_

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**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**

<b>STUDENT 1 NAME:</b>	<b>STUDENT 2 NAME:</b>	<b>STUDENT 3 NAME:</b>

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