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|---------------------|---|-------|-------------------|---------------------|------------------|
| Family | ST. BRUNO CATHOLIC SCHOOL | | | School Year: | 2017-2018 |
| Last Name | EMERGENCY - EARTHQUAKE - DISASTER FAMILY INFORMATION | | | | |
| Home Phone: () | Home Address: | City: | State: California | Zip: | |

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|-----------------------------|---------------------------------------|-------------|-----------------------|------|--|
| Mother's Information | Call: 1st 2nd (circle one) | | | | |
| Mother's Name: | | | Mother's maiden name: | | |
| Home Phone: () | Home Address: | City: | State: California | Zip: | |
| Cell Phone: () | Work Address: | City: | State: California | Zip: | |
| Work Phone: () | Employer: | Occupation: | Work Hours: | | |

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|-----------------------------|---------------------------------------|-------------|-------------------|------|--|
| Father's Information | Call: 1st 2nd (circle one) | | | | |
| Father's Name: | | | | | |
| Home Phone: () | Home Address: | City: | State: California | Zip: | |
| Cell Phone: () | Work Address: | City: | State: California | Zip: | |
| Work Phone: () | Employer: | Occupation: | Work Hours: | | |

Child/ren live with (circle one): Both natural Parents Guardian Mother only Father only Other (list): _____

Complete Information for each child attending St. Bruno

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|---|--------------|---------|-----------------------------|--|--------------|
| Student #1 | Last Name: | | First Name: | | Middle Name: |
| Grade: | Male | Female | Birth date: | Birthplace: | |
| Wears: (circle one) | Contact Lens | Glasses | Social Security #: | Allowed to walk home from school (check one): Yes ___ No ___ | |
| Medical Alert Info: Conditions requiring special emergency care: _____ | | | | | |
| Racial/Ethnic Origin: Native American ___ Filipino ___ Asian/Pacific Islander ___ African American/Black ___ Hispanic ___ White ___ Multiracial ___ | | | | | |
| Health Conditions: Asthma: Y Allergies: Y N Medications: | | | | | |
| HMO enrollment #: | | | Additional Health Concerns: | | |

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|---|--------------|---------|-----------------------------|--|--------------|
| Student #2 | Last Name: | | First Name: | | Middle Name: |
| Grade: | Male | Female | Birth date: | Birthplace: | |
| Wears: (circle one) | Contact Lens | Glasses | Social Security #: | Allowed to walk home from school (check one): Yes ___ No ___ | |
| Medical Alert Info: Conditions requiring special emergency care: _____ | | | | | |
| Racial/Ethnic Origin: Native American ___ Filipino ___ Asian/Pacific Islander ___ African American/Black ___ Hispanic ___ White ___ Multiracial ___ | | | | | |
| Health Conditions: Asthma: Y Allergies: Y N Medications: | | | | | |
| HMO enrollment #: | | | Additional Health Concerns: | | |

| | | | | | |
|---|--------------|---------|-----------------------------|--|--------------|
| Student #3 | Last Name: | | First Name: | | Middle Name: |
| Grade: | Male | Female | Birth date: | Birthplace: | |
| Wears: (circle one) | Contact Lens | Glasses | Social Security #: | Allowed to walk home from school (check one): Yes ___ No ___ | |
| Medical Alert Info: Conditions requiring special emergency care: _____ | | | | | |
| Racial/Ethnic Origin: Native American ___ Filipino ___ Asian/Pacific Islander ___ African American/Black ___ Hispanic ___ White ___ Multiracial ___ | | | | | |
| Health Conditions: Asthma: Y Allergies: Y N Medications: | | | | | |
| HMO enrollment #: | | | Additional Health Concerns: | | |

Family Last Name:

Complete Information for each child attending St. Bruno

School Year:

2017-2018

| | | | | | |
|---|------------|--------------------|-----------------------------|--|--------------|
| Student #4 | Last Name: | | First Name: | | Middle Name: |
| Grade: | Male | Female | Birth date: | Birthplace: | |
| Wears: (circle one) Contact Lens Glasses | | Social Security #: | | Allowed to walk home from school (check one): Yes ___ No ___ | |
| Medical Alert Info: Conditions requiring special emergency care: | | | | | |
| Racial/Ethnic Origin: Native American ___ Filipino ___ Asian/Pacific Islander ___ African American/Black ___ Hispanic ___ White ___ Multiracial ___ | | | | | |
| Health Conditions: Asthma: Y N | | Allergies: Y N | | Medications: | |
| HMO enrollment #: | | | Additional Health Concerns: | | |

EMERGENCY CARE INFORMATION

| | | | |
|--|-----------------|--------------------|----------|
| Health Insurance Carrier Name & Address: | | | Group #: |
| Doctor's Phone #: () | Dr's Name: | Dr's Address: | |
| Doctor's Phone #: () | Dr's Name: | Dr's Address: | |
| Dentist's Phone #: () | Dentist's Name: | Dentist's Address: | |

IN THE EVENT OF AN EMERGENCY THE INDIVIDUALS LISTED BELOW ARE AUTHORIZED TO PICK UP MY CHILD/CHILDREN

Please advise these individuals that they MUST PRESENT VALID IDENTIFICATION at the time they pick up your child/ren. No Exceptions will be made.

| | | | |
|-------|----------|----------|---------------|
| Name: | Address: | Phone #: | Relationship: |
| Name: | Address: | Phone #: | Relationship: |
| Name: | Address: | Phone #: | Relationship: |
| Name: | Address: | Phone #: | Relationship: |

EARTHQUAKE-DISASTER RELEASE INFORMATION

To be completed for each student by school official in the event of an earthquake-disaster

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|--|------------------------------|--------------------------------------|-------|
| 1. Student's Name: | Was released to : | Date: | Time: |
| notes: | Identification provided was: | | |
| Location to where the child was taken: | | | |
| School Official releasing the child: | | | |
| 2. Student's Name: | Was released to : | Date: | Time: |
| notes: | Identification provided was: | | |
| Location to where the child was taken: | | School Official releasing the child: | |
| 3. Student's Name: | Was released to : | Date: | Time: |
| notes: | Identification provided was: | | |
| Location to where the child was taken: | | School Official releasing the child: | |
| 4. Student's Name: | Was released to : | Date: | Time: |
| notes: | Identification provided was: | | |
| Location to where the child was taken: | | School Official releasing the child: | |

CONSENT: I/we 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/ren receive medical treatment. I further authorize them in the event of an emergency to release my child/ren to any of the individuals I have listed above.

Signature: _____ Parent/Guardian Date: _____ Signature: _____ Parent/Guardian