

<b>Family Last Name</b>	<b>ST. BRUNO PARISH SCHOOL EMERGENCY - EARTHQUAKE - DISASTER INFORMATION</b>	<b>School Year:</b> _____
-------------------------	--	---------------------------

<b>FAMILY INFORMATION</b>
---------------------------

Home Phone: (      )	Home Address:	City:	State: California	Zip:
----------------------	---------------	-------	-------------------	------

<b>Mother's Information</b> <b>Call:</b> 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:	

<b>Father's Information</b> <b>Call:</b> 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/children live with: (circle one)	Both natural Parents Mother only Father only	Guardian Mother & Stepfather Father & Stepmother	Other Fraternal Grand parents Paternal Grandparents
--	--	--	---

**Complete Information for each child attending St. Bruno**

<b>Student #1</b>	Last Name:		First Name:		Middle Name:
Grade:	Male	Female	Birth date:	Birthplace:	
Wears: (circle one)	Contact Lens	Glasses	Social Security #:		
Medical Alert Info: Conditions requiring special emergency care: _____					
Health Conditions:    Asthma: Y N      Allergies: Y N    Medications:					
HMO enrollment #:			Additional Health Concerns:		

<b>Student #2</b>	Last Name:		First Name:		Middle Name:
Grade:	Male	Female	Birth date:	Birthplace:	
Wears: (circle one)	Contact Lens	Glasses	Social Security #:		
Medical Alert Info: Conditions requiring special emergency care: _____					
Health Conditions:    Asthma: Y N      Allergies: Y N    Medications:					
HMO enrollment #:			Additional Health Concerns:		

<b>Student #3</b>	Last Name:		First Name:		Middle Name:
Grade:	Male	Female	Birth date:	Birthplace:	
Wears: (circle one)	Contact Lens	Glasses	Social Security #:		
Medical Alert Info: Conditions requiring special emergency care: _____					
Health Conditions:    Asthma: Y N      Allergies: Y N    Medications:					
HMO enrollment #:			Additional Health Concerns:		

**Family Last Name:**

**Complete Information for each child attending St. Bruno**

**School Year:**

<b>Student #4</b>	Last Name:		First Name:		Middle Name:
Grade:	Male	Female	Birth date:	Birthplace:	
Wears: (circle one)	Contact Lens	Glasses	Social Security #:		
Medical Alert Info: Conditions requiring special emergency care:					
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:
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*

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