

Archdiocese of Los Angeles

Emergency - Earthquake - Disaster Information

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| Family Last Name: Apellido Familiar: |
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FAMILY INFORMATION/INFORMACION FAMILIAR

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| HOME PHONE #: () | HOME ADDRESS: | CITY: | STATE: | ZIP: |
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| MOTHER'S WORK PHONE #: () | EMAIL: | CELL: () | CALL: 1 ST 2 ND (CIRCLE) |
| FATHER'S WORK PHONE #: () | EMAIL: | CELL: () | CALL: 1 ST 2 ND (CIRCLE) |

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| CHILD/CHILDREN LIVE WITH <i>Alumno/os viven con:</i> | Both natural Parents/ <i>Ambos padres naturales</i> <input type="checkbox"/> | Mother only/ <i>unifcamente con la madre</i> <input type="checkbox"/> | Father & Stepmother/ <i>Padre & madrastra</i> |
| | Father only/ <i>unicamente con el padre</i> <input type="checkbox"/> | Mother & Stepfather/ <i>Madre & padrastro</i> <input type="checkbox"/> | Guardian <input type="checkbox"/> Other: <input type="checkbox"/> |

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| Mother's Name/Nobre de la Madre: | Mother's Maiden Name/Apellido de solitera: |
| Occupation/ <i>ocupacion</i> | Hours of employment/ <i>horas de empleo:</i> |
| Employer/ <i>empleador:</i> | Work Address/ <i>direccion:</i> City: State: Zip: |

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|---------------------------------------|---|
| Father's Name/Nobre del Padre: | |
| Occupation/ <i>ocupacion</i> | Hours of employment/ <i>horas de empleo:</i> |
| Employer/ <i>empleador:</i> | Work Address/ <i>direccion:</i> City: State: Zip: |

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|---|---|---|
| Child # 1 | Student's Information/Informacion Del Alumno | Complete information for each child/ <i>Complete la informacion por cada alumno</i> |
| 1. Last name/Apellido: | First/Nobre: | Middle/Segundo nombre: |
| Grade/Grado: | Birthdate/Fecha de nacimiento: | Sex/Sexo: M F (Circle one) Wears/usa: Glasses/Anteojos Contact Lenses/lentes De Contacto (Circle one) |
| Medical Alert/Alerta Medica: Conditions requiring special emergency care/ <i>Condiciones que requieren cuidados de emergencia especiales</i> (Check off any that apply to this child) | | |
| Asthma <input type="checkbox"/> Allergies _____ <input type="checkbox"/> Health Problems/Problemas de Salud _____ <input type="checkbox"/> Medication/Medicamento <input type="checkbox"/> History of seizures/Historia de ataques <input type="checkbox"/> | | |

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| Child # 2 | Student's Information/Informacion Del Alumno | Complete information for each child/ <i>Complete la informacion por cada alumno</i> |
| 2. Last name/Apellido: | First/Nobre: | Middle/Segundo nombre: |
| Grade/Grado: | Birthdate/Fecha de nacimiento: | Sex/Sexo: M F (Circle one) Wears/usa: Glasses/Anteojos Contact Lenses/lentes De Contacto (Circle one) |
| Medical Alert/Alerta Medica: Conditions requiring special emergency care/ <i>Condiciones que requieren cuidados de emergencia especiales</i> (Check off any that apply to this child) | | |
| Asthma <input type="checkbox"/> Allergies _____ <input type="checkbox"/> Health Problems/Problemas de Salud _____ <input type="checkbox"/> Medication/Medicamento <input type="checkbox"/> History of seizures/Historia de ataques <input type="checkbox"/> | | |

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| Child # 3 | Student's Information/Informacion Del Alumno | Complete information for each child/ <i>Complete la informacion por cada alumno</i> |
| 3. Last name/Apellido: | First/Nobre: | Middle/Segundo nombre: |
| Grade/Grado: | Birthdate/Fecha de nacimiento: | Sex/Sexo: M F (Circle one) Wears/usa: Glasses/Anteojos Contact Lenses/lentes De Contacto (Circle one) |
| Medical Alert/Alerta Medica: Conditions requiring special emergency care/ <i>Condiciones que requieren cuidados de emergencia especiales</i> (Check off any that apply to this child) | | |
| Asthma <input type="checkbox"/> Allergies _____ <input type="checkbox"/> Health Problems/Problemas de Salud _____ <input type="checkbox"/> Medication/Medicamento <input type="checkbox"/> History of seizures/Historia de ataques <input type="checkbox"/> | | |

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| Child # 4 | Student's Information/Informacion Del Alumno | | Complete information for each child/Complete la informacion por cada alumno | |
| 4. Last name/Apellido: | | First/Nobre: | Middle/Segundo nombre: | |
| Grade/Grado: | Birthdate/Fecha de nacimiento: | Sex/Sexo: M F (Circle one) | Wears/usa: Glasses/Anteojos | Contact Lenses/lentes De Contacto (Circle one) |
| Medical Alert/Alerta Medica: Conditions requiring special emergency care/Condiciones que requieren cuidados de emergencia especiales (Check off any that apply to this child) | | | | |
| Asthma <input type="checkbox"/> Allergies _____ <input type="checkbox"/> Health Problems/Problemas de Salud _____ <input type="checkbox"/> Medication/Medicamento <input type="checkbox"/> History of seizures/Historia de ataques <input type="checkbox"/> | | | | |

| Emergency Care Information/Informacion De Cuidado De Emergencia & Authorized Child Pick up Personnel | | |
|---|------------------------|--------------------------|
| Name/Nombre | Relationship/Relacion: | Phone #/de Telefono: () |
| Name/Nombre | Relationship/Relacion: | Phone #/de Telefono: () |
| Name/Nombre | Relationship/Relacion: | Phone #/de Telefono: () |
| Name/Nombre | Relationship/Relacion: | Phone #/de Telefono: () |
| Name/Nombre | Relationship/Relacion: | Phone #/de Telefono: () |
| Name/Nombre | Relationship/Relacion: | Phone #/de Telefono: () |

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| HEALTH INSURANCE/ASEGURANZA MEDICA Carrier Name & Address | | |
| Group Number/Numero de Grupo: | | Subscriber Number/numero de subscripcion: |
| Doctor's Name/Nombre del Doctor: | Phone #/de Telefono: () | Address/Direccion: |
| Dentist's Name/Nombre del Dentista: | Phone #/de Telefono: () | Address/Direccion: |

| Earthquake/Disaster Release information/Informacion De Emergencia Y Terremoto | | | |
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| TO BE COMPLETED FOR EACH STUDENT BY SCHOOL OFFICIAL IN THE EVENT OF AN EARTHQUAKE/DISASTER A SER COMPLETADA PARA CADA ALUMNO POR UN OFICIAL ESCOLAR EN EVENTO DE UN TERREMOTO O DESASTRE | | | |
| 1. Student's Name/Nombre del alumno | 2. Student's Name/Nombre del alumno | 3. Student's Name/Nombre del alumno | 4. Student's Name/Nombre del alumno |
| Was released to/se le entrego a: | | Date/Fecha: | Time/Hora: |
| Location to where the child was taken/Lugar a donde se llevo al alumno: | | | |
| School official releasing the child/Oficial escolar que entrego al alumno: | | | |

CONSENT/ACUERDO

I understand that the school does not assume responsibility for payment of phusician. 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.

Entiendo que la escuela no asume responsabilidad por pago doctores. Sin embargo en caso de emergencia la escuela puede elegir un doctor. En caso de emergencia le doy autorizacion para que mi hijo/a reciva tratamiento medico.

Signature of/Firma de

Name (Print)

Signature

Date