

DISASTER / CATASTROPHE CARD

San Dieguito United Methodist Preschool

LAST NAME			FIRST		MIDDLE		HEIGHT	WEIGHT	HAIR	EYES	
ADDRESS					BIRTH DATE		ALLERGY 1	ALLERGY 2	ALLERGY 3	BLOOD TYPE	
CITY			STATE	ZIP		MEDICATION 1	FREQUENCY	MEDICATION 2	FREQUENCY		
FATHER		CELL	CA		<i>Paste photo here</i>			OTHER MEDICAL/PERSONAL INFORMATION			
		RES									
MOTHER		CELL									
		RES									
GUARDIAN		CELL									
		RES									
NEIGHBOR		CELL									
		RES									
PHYSICIAN		BUS									
		RES									
DENTIST		BUS									
		RES									
OTHER (grandparents)		CELL	FATHER'S SIGNATURE				DATE				
		RES									
OUT OF STATE CONTACT			MOTHER'S SIGNATURE				DATE				
			GUARDIAN'S SIGNATURE				DATE				

WITH MY SIGNATURE, I AUTHORIZE THE SCHOOL ADMINISTRATION TO SEEK, AND IF NECESSARY, HAVE MEDICAL TREATMENT MADE AVAILABLE TO THE STUDENT IDENTIFIED ON THIS CARD. THIS AUTHORIZATION IS LIMITED TO THE OCCASION(S) WHERE A DECLARED EMERGENCY/CATASTROPHY EXISTS.