

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	<i>Paste photo here</i>			OTHER MEDICAL/PERSONAL INFORMATION				
				RES								
MOTHER				CELL								
				RES								
GUARDIAN				CELL								
				RES								
NEIGHBOR				CELL				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.				
				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