

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
		CA			Paste photo here 2" x 2"		OTHER MEDICAL/PERSONAL INFORMATION 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/CATASTROPHE EXISTS.	
FATHER	CELL							
	RES							
MOTHER	CELL							
	RES							
GUARDIAN	CELL							
	RES							
NEIGHBOR	CELL							
	RES							
PHYSICIAN	BUS							
	RES							
DENTIST	BUS							
	RES							
OTHER (grandparents)	CELL							
	RES							
OUT OF STATE CONTACT					FATHER'S SIGNATURE		DATE	
					MOTHER'S SIGNATURE		DATE	
					GUARDIAN'S SIGNATURE		DATE	