

ONE FORM PER FAMILY-DISASTER FORM

ST. JOHN THE BAPTIST SCHOOL
11156 San Pablo Avenue
El Cerrito, CA 94530-2196
(510)234-2244

Dear Parents:

In order to establish a workable dispersement program and an adequate medical treatment facility in the event of a disaster, we would appreciate the following information:

FAMILY NAME: _____ Home phone _____

Father's Name: _____ Work phone _____

Mother's Name: _____ Work phone # _____

Persons we could release your child/children to in the event your were unavailable:

1. Name: _____ Phone # _____

2. Name: _____ Phone # _____

3. Name: _____ Phone # _____

Out of State relative or friend who could be contacted in case of an emergency

Name of relative or friend: _____ Phone #() _____

City and State of relative or friend: _____

1. Child's Name: _____ Grade: _____

Allergies: _____

Medications/Dosage: _____

Special Medical Condition: _____

Other: _____

2. Child's Name: _____ Grade: _____

Allergies: _____

Medications/Dosage: _____

Special Medical Condition: _____

Other: _____

3. Child's Name: _____ Grade: _____

Allergies: _____

Medications/Dosage: _____

Special Medical Condition: _____

Other: _____

If child does not reside with both parents, may either parent take the child/children home?

Yes _____

No _____

Signature of Mother

Signature of Father

PLEASE RETURN THIS FORM IMMEDIATELY TO THE SCHOOL OFFICE!