

Loma Verde Elementary School  
Volunteer Disaster Information  
(Return to the Office)

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
CELL PHONE \_\_\_\_\_

NAME OF SPOUSE/SIGNIFICANT OTHER \_\_\_\_\_

PLACE OF EMPLOMENT \_\_\_\_\_

LIST ANY HEALTH PROBLEMS \_\_\_\_\_

LIST ANY MEDICATION TAKEN ON A REGULAR BASIS \_\_\_\_\_

DOCTOR'S NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

DOCTOR'S ADDRESS \_\_\_\_\_

HEALTH INSURANCE CARRIER \_\_\_\_\_ POLICY/GROUP NO. \_\_\_\_\_

PERSONS OTHER THAN SPOUSE/SIGNIFICANT OTHER WHO SHOULD BE NOTIFIED IN CASE OF AN EMERGENCY AT SCHOOL:

1. \_\_\_\_\_ PHONE # \_\_\_\_\_

2. \_\_\_\_\_ PHONE # \_\_\_\_\_

PLEASE LIST BELOW INFORMATION ABOUT THE VEHICLE YOU DRIVE TO SCHOOL

Make	Model	Year	Color	License #
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COMPLETE THE INFORMATION BELOW FOR ALL CHILDREN WHO LIVE WITH YOU AND WHOM YOU ARE RESPONSIBLE FOR:

Child's Name	Current Grade	School of Attendance
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_____	_____	_____

LIST ANY OTHER INFORMATION YOU FEEL WOULD BE IMPORTANT FOR AUTHORITIES TO KNOW IN CASE OF AN EMERGENCY DURING THE SCHOOL DAY.

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\_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_