

Los Altos School District Disaster Preparedness Card

(Your child will wear this identity in case of an emergency)

STUDENT'S NAME (Last, First):

TEACHER'S NAME:

Please print student and teacher name in large, bold, block letters

YOUR CHILD WILL ONLY BE RELEASED TO YOU, OR TO THE ADULTS LISTED HERE (It is advisable to choose friends or family in close proximity to the school for this list).

In the event of an emergency, I grant permission for my child to be released to any of the following adults:

Name Address Phone

Name Address Phone

Name Address Phone

Name Address Phone

Name and phone number of contact person out of state _____

At all times, the school staff is authorized to take any measures necessary for the protection of my child.

Signature of Parent/Guardian

Date

For School Use During Emergency

Home Address Phone Birthdate

Mother's Name Buisness Address Daytime Phone

Father's Name Buisness Address Daytime Phone

Doctor's Name Address Phone

Medical Plan Medical I.D. Number

Allergies: _____

Special Medical Conditions: Heart Condition _____ Diabetes _____

Asthma _____ Epilepsy _____ Severe Reaction to Bee Sting _____

Other Medical Conditions: _____

Treatment Required for these Conditions: _____

Daily Medication Taken: _____ Last DPT: _____