

OLYMPIC VIEW 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.

SIGNATURE _____

DATE _____