

Helping Hands Christian Preschool

Disaster Kit

Identification and Emergency Information

Child's Name: LAST	MIDDLE	FIRST	Gender	Birthdate	Telephone	Home Address: Number	Street	City	State	ZIP Code
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Father's Name: LAST	MIDDLE	FIRST	Pager/Cell Phone	Work Phone	Home Phone	Home Address: (if different than above)				
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Mother's Name: LAST	MIDDLE	FIRST	Pager/Cell Phone	Work Phone	Home Phone	Home Address: (if different than above)				
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Please indicate which parent(s) may pick the child up in an <i>emergency</i> :			Father	Mother						
Please list additional persons who may be contacted in an emergency. Include at least one (1) OUT-OF-STATE person, one (1) person in a SEPARATE AREA CODE in California, and three (3) LOCAL persons.										
Name: LAST	MIDDLE	FIRST	Relationship	Work Phone	Home Phone	Home Address: Number	Street	City	State	ZIP Code
Physician's Name	Medical Plan Number			Office Phone	Office Address: Number	Street	City	State	ZIP Code	
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Dentist's Name	Medical Plan Number			Office Phone	Office Address: Number	Street	City	State	ZIP Code	
				()						
Please list ALL allergies (food, medication, etc.) and pertinent information (prescriptions, physical limitations).										
Signature of Parent(s)			Date	Comments						