

*Saddleback Valley Unified School District*  
**DISASTER/EMERGENCY INFORMATION FORM**  
 Use ballpoint pen, press hard and check to assure legibility of all copies.

*Student's last name* \_\_\_\_\_ *First name* \_\_\_\_\_ *Teacher* \_\_\_\_\_

*Address* \_\_\_\_\_ *City* \_\_\_\_\_ *Home Phone #* \_\_\_\_\_

**In the event of an emergency, please call the following persons in the order listed, who are authorized to assume responsibility for the care of my child.**

1. \_\_\_\_\_ *Parent/Guardian Name* \_\_\_\_\_ *Name* \_\_\_\_\_ *3.* \_\_\_\_\_ *Name* \_\_\_\_\_

\_\_\_\_\_ *Phone # during school day* \_\_\_\_\_ *Cell Phone #* \_\_\_\_\_ *Phone # during school day* \_\_\_\_\_ *Cell Phone #* \_\_\_\_\_

2. \_\_\_\_\_ *Name* \_\_\_\_\_ *4.* \_\_\_\_\_ *Name* \_\_\_\_\_

\_\_\_\_\_ *Phone # during school day* \_\_\_\_\_ *Cell Phone #* \_\_\_\_\_ *Phone # during school day* \_\_\_\_\_ *Cell Phone #* \_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Student Dismissal Information**

Requesting adult: \_\_\_\_\_ Please print name \_\_\_\_\_ Signature of requesting adult \_\_\_\_\_

Time & date: \_\_\_\_\_ Teacher/staff member: \_\_\_\_\_

31255 (4/04) White: Office Copy Yellow: Office Emergency Bag Pink: Classroom Emergency Bag Gold: Parent