



KIRK O' THE VALLEY
- A SCHOOL COMMUNITY SINCE 1961 -

Earthquake/Disaster Information

Student's Name _____ Birthdate _____
Last Name First Name

Parent/Guardian 1 _____
Last Name First Name

Parent/Guardian 1 Home Address _____
Street City Zip

Parent/Guardian 1 Business Address _____
Street City Zip

Home # (_____) Work # (_____) Cell # (_____) _____

Parent/Guardian 2 _____
Last Name First Name

Parent/Guardian 2 Home Address _____
Street City Zip

Parent/Guardian 2 Business Address _____
Street City Zip

Home # (_____) Work # (_____) Cell # (_____) _____

Teacher(s) _____ Room Number _____

List siblings in the family attending Kirk O' the Valley School.

1. _____ 2. _____
Child Teacher/Rm Child Teacher/Rm

List (4) Adults Authorized to Pick Up Your Child in an Emergency:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

List (2) Out of L.A. Area Contacts:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Parent/Guardian 1 Signature _____

Parent/Guardian 2 Signature _____

Family Physician _____ Phone _____

CONSENT

I/we authorize Kirk O' the Valley School to provide medical services for my child/children in an emergency.

Parent/Guardian Signature _____ Date _____