

# EMERGENCY DISASTER FORM

*Landmark Christian Preschool*

In the event of a major disaster, such as an earthquake, additional and accurate information is required. Please be advised that **ONLY** persons listed below will be allowed to pick up your child in the event of a disaster. Keep in mind that this person **MUST** be at least 18 years of age. Picture identification is required.

Student's Name \_\_\_\_\_ Parent's Name(s) \_\_\_\_\_

We the Parents of \_\_\_\_\_ authorize the following person(s) to pick up our child from Landmark Christian Preschool in the event of a disaster emergency. To the best of my knowledge, the following information is accurate.

Adult's Name	Address	Phone Number	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

## CONSENT FOR EMERGENCY MEDICAL TREATMENT - Child Care Centers Or Family Child Care Homes

AS THE PARENT, DOMESTIC PARTNER, OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

Landmark Christian Preschool TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE  
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

\_\_\_\_\_. THIS CARE MAY BE GIVEN UNDER  
NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT, DOMESTIC PARTNER, OR AUTHORIZED REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
HOME ADDRESS

\_\_\_\_\_  
HOME PHONE

( )

\_\_\_\_\_  
WORK PHONE

( )