OLYMPIC VIEW ELEMENTARY SCHOOL

Volunteer Disaster Information (Return to the Office)

NAME		DATE OF BIRTH			
ADDRESS			HOME PHONE		
NAME OF SPOUSE	/SIGNIFICANT OTHE	R	CELL PHONE		
	11				
HEALTH INSURANCE CARRIER					
EMERGENCY AT SO		FICANT OTHER WHO SI	HOULD BE NOT		
			PHONE #		
PLEASE LIST BELOV	V INFORMATION A	BOUT THE VEHICLE YOU			
Make	 Model	Year	Color	License #	
COMPLETE THE INI ARE RESPONSIBLE		V FOR ALL CHILDREN W	HO LIVE WITH	YOU AND WHOM YOU	
Child's Name	w _e -	Current Grade	Schoo	School of Attendance	
	IFORMATION YOU F		TANT FOR AUT	THORITIES TO KNOW IN	
SIGNATURF			DATE		