



Vine Academy

Student Emergency Form

YEAR: 20 to 20

Student name: _____

Date of birth: _____ / _____ / _____ Student cell ph. # (if any): _____

Mother's name: _____ Father's name: _____

Cell ph. #: _____ Cell ph. #: _____

Employer: _____ Employer: _____

Work ph. # _____ Work ph.# _____

Home address: _____

Home phone: _____

Student's physician: _____ Phone #: _____

Health insurance company: _____

Policy #: _____ Group #: _____

Is this student currently taking any medication regularly? Y / N If Yes, Name of Medication:

Allergies (food and medication):

Other medical conditions: _____ Last tetanus vaccination: _____ / _____ / _____

Emergency contact (other than parent) _____ Ph Home: _____

Relationship to student: _____ Ph Cell: _____

Emergency contact (other than parent) _____ Ph Home: _____

Relationship to student: _____ Ph Cell: _____

In case of area disaster:

Contact (living outside the Bay Area): _____ Ph: _____

Parent Waiver for emergency medical treatment: If my child needs medical treatment either on campus or off campus during school hours I understand that all efforts will be made to contact me before my child receives treatment. However, I give my consent for any emergency medical treatment needed and I understand that I am responsible for all costs incurred.

Father's signature: _____ Date: _____

Mother's signature: _____ Date: _____