



School Year: ____/____/____

Forms will be kept on file; please contact us immediately with any updated information.

Teacher Emergency Form

Teacher Name: _____

Date of Birth: _____

Address: _____

Cell: _____

Home: _____

Other: _____

In an emergency, please contact: _____

Relation to you:

Ph: _____ Home/Cell: _____

In case of disaster, contact (living outside the Bay Area):

Ph: _____ Home/Cell: _____

Health Insurance Company:

Policy #: _____ Group #: _____

Physician: _____ Ph: _____

Allergies (Food and medication): _____

Other Medical Conditions: _____

Last Tetanus Vaccination: ____/____/____ OR: Circle if more than 10 years ago: **10+**

Waiver for Emergency Medical Treatment:

If I need medical treatment either on campus or off campus, during school hours and am incapable of giving consent (i.e. unconscious), I understand that all efforts will be made to reach my emergency contacts before I receive treatment. However, I give my consent for any emergency medical treatment needed and I understand that I am responsible for all cost incurred.

Signature: _____ Date: _____