

WEST VALLEY CHINESE LANGUAGE SCHOOL
Emergency Medical Form

Please PRINT the following information (siblings who attend the school can share one Form):

Student's Name (Last, First) _____ Chinese Name _____ Age _____

Sibling 1's Name _____ Chinese Name _____ Age _____

Sibling 2's Name _____ Chinese Name _____ Age _____

Sibling 3's Name _____ Chinese Name _____ Age _____

Address _____ Cell/Pager _____

Mother /Guardian Name _____ Home Phone _____

Father /Guardian Name _____ Home Phone _____

Person to contact (not living with student) _____ Phone _____

Physician's Name _____ Phone _____

Dentist's Name _____ Phone _____

Please list any food and medication allergies (list name of child if more than one child is using this form)

List any special needs of your child (list name of child if more than one child is using this form)

List all medications taken on a regular basis

I hereby grant permission to West Valley Chinese Language School's authorized personnel to administer basic first aid to (name of student(s)) _____ as appropriate.

I hereby grant permission to West Valley Chinese Language School's authorized personnel to arrange transportation for (name of student(s)) _____ in case of accident or acute illness and to arrange for medical, dental and/or surgical care at _____ or at the closest hospital (El Camino Hospital) in case of emergency. I understand that an effort will be made to notify me before such action is taken and the uninsured expense of this service will be assumed by me.

I hereby grant authorization to the following persons to pick up my child in case of emergency:

1. Name: _____ Address and Tel. No.: _____

2. Name: _____ Address and Tel. No.: _____

3. Name: _____ Address and Tel. No.: _____

Signature _____

(Parent/Guardian Only)

Date _____