

Huntington Beach Union High School District
Emergency Information / Volunteers in Public Schools
Westminster High School

For Office Use:
TB DATE: _____
AUTO INS: _____
Other: _____

Dept. /Group: _____ Advisor: _____ Date: _____

Volunteer Name: _____ Day Phone: _____

Address/City/Zip: _____ Evening Phone: _____

Email address: _____ Birthday Month: _____ Student Grad Year: _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

1. Name/Relationship: _____ Phone: _____

2. Name/Relationship: _____ Phone: _____

Physician's Name: _____ Phone: _____

List any conditions significant in a medical emergency?

Please list all medications:

Do you give your permission to be transported by ambulance, if necessary? Yes ___ No ___ Blood type: _____

WAIVER REGARDING EMERGENCY INFORMATION: I hereby waive the District from any responsibility for circumstances arising as a result of incomplete information.

Signature: _____ date: _____