

# Washington Unified School District Volunteer Emergency Card



School Site: \_\_\_\_\_  
Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_

**Emergency Contact to be notified in case of illness or injury: (list two)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

*In an emergency, I authorize a representative of the school district to make such arrangements as he/she considers necessary for me to receive medical/dental or hospital care, including necessary transportation. If I do not specify a physician below or if said physician is not available at the time, I authorize such care and treatment to be performed by any licensed physician/dentist. I hereby agree to bear all costs incurred as a result of the foregoing.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OR**

If you **DO NOT** choose to sign the above statement, please state action desired in the event of accident or emergency:

\_\_\_\_\_  
\_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OPTIONAL INFORMATION:**

Physician/Medical Group: \_\_\_\_\_ ID#: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Dentist: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

- A. Please check the following items if they pertain to you:  
 Wear Contact Lenses       Wear Hearing Aid       Wear dental appliance  
Other (specify): \_\_\_\_\_
- B. Subject to any conditions which may result in an emergency, such as: (Please indicate special instructions, if any)  
a. Seizure Disorder: \_\_\_\_\_  
b. Respiratory Disorder: \_\_\_\_\_  
c. Diabetes: \_\_\_\_\_  
d. Cardiovascular or Bleeding Disorder: \_\_\_\_\_  
e. Known Allergies: (food, drugs, insects, etc.) \_\_\_\_\_
- C. Other known problems or medic alert information: \_\_\_\_\_
- D. Do you take routine medication? Yes  No  If yes, name the medication and dosage \_\_\_\_\_  
Anticipated reaction, if any \_\_\_\_\_