

Livermore Valley Joint Unified School District Emergency Form

Student Emergency Data Form
Field Trips

Student Name _____
Last First

Parent/Guardian
Name _____

Home
Address _____ Home Phone _____

Work
Address _____ Work Phone _____

PARENT CELL PHONE # _____

If I cannot be reached, contact:

Name _____ Phone _____

Address _____

In the case of an emergency involving your student, every effort will be made to notify you as soon as possible

In the event that the teacher in charge cannot contact you, is the school given permission to take your child to the nearest doctor or hospital for emergency treatment?

____ Yes ____ No (if no, explain procedure you wish followed)

Medical insurance _____ Group No. _____

Physician name _____ Phone _____

Please indicate below any special health problems that might affect your child on a field trip. (ex. epilepsy, asthma, bee stings, diabetes, severe allergies) _____

Please list any medications the student may have in his/her possession while on a school field trip
