

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

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

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

Volunteer Name: _____ Day Phone: _____

Address/City/Zip: _____ Eve 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: _____

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: _____

Signature: _____ Date: _____

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