

Confidential Youth Emergency Card

West Valley College Student Health Services
14000 Fruitvale Avenue, Saratoga, CA 95070
Phone: (408) 741-2027 Fax: (408) 741-2632

Parent or guardian of student who is under the age of 18, please print in ink the requested information below:

Student's LAST Name _____ FIRST Name _____

Date of Birth _____ Social Security # _____

Street Address _____ City _____ Zip _____ Home Phone _____

Father's Name _____ Phone Number _____

Mother's Name _____ Phone Number _____

Student's Physician Name _____ Phone # _____ Dentist Name _____ Phone # _____

Student's Medical Insurance _____ Subscriber # _____

1. Please list any medical conditions we should know about in an emergency.

2. Are there medications the student takes regularly? Yes No Please List:

3. Does the student have any allergies to medications or other substances? Please List:

In case of emergency please provide first aid or send my child to an emergency facility. I realize that West Valley College cannot assume responsibility for the payment of expenses.

Parent Signature _____ Date _____

This form is considered valid through subsequent enrollments at West Valley College until the student reaches the 18th birthday, so long as the information given above remains the same. It is the responsibility of the parent/guardian to update any changes.

