



ANAHEIM UNION HIGH SCHOOL DISTRICT

Learning With Purpose: College and Career Ready

PERSONAL EMERGENCY HEALTH INFORMATION

CERTIFICATED

CLASSIFIED

Name (Please Print) _____ Date _____

Address _____ City, State _____ Zip Code _____

Date of Birth (Optional) _____ Home Phone _____

Cell Phone _____

1. Emergency Contact _____
Name Relationship

Home Phone _____

Work Phone _____

Cell Phone _____

2. Emergency Contact _____
Name Relationship

Home Phone _____

Work Phone _____

Cell Phone _____

3. May school call a physician in case of emergency? Yes No

4. Name of physician preferred _____

Address _____ City, State _____ Zip Code _____

5. Second Choice of physician _____

Address _____ City, State _____ Zip Code _____

6. Optional Information: Do you have any health issues such as heart trouble, diabetes, etc... that might cause problems? _____

7. Are you currently taking any medications? _____

8. Do you have any allergies? _____

9. Do you wear contact lenses or glasses? _____

Employee's Signature _____