SILICON VALLEY CAREER TECHNICAL EDUCATION
760 HILLSDALE AVENUE, SAN JOSE, CA 95136
PHONE 408-723-6400 / FAX 408-266-6531

Return This Form

STUDENT EMERGENCY INFORMATION
(Please Print)

SVCTE Class:		Circle One:	AM PM
SVCTE Teacher:	SVCTE ID #		

STUDENT INFORMATION

Student's Last Name:	First:	Middle:	Gender: ☐ Male ☐ Female	Student Status (Circle one)

High School Student

Name of HS: _____

Birth Date: / /	Age:			Non High School / Job Corps / CalWorks

Street Address:	Home Phone: ( )	Student's email:

City:	State:	Zip Code	Cell Phone: ( )

Parent/Guardian Name	Daytime Phone:	Cell Phone	Parent email:
Parent/Guardian Name	Daytime Phone:	Cell Phone	Parent email:

IN CASE OF EMERGENCY

Please provide the names of two (2) people that have parental permission to pick up the high school student in case of an emergency.
If you are an adult student, please provide names of emergency contacts

Name	Phone ( )	Cell Phone ( )	Relationship
Name	Phone ( )	Cell Phone ( )	Relationship

Is this student covered by insurance?	☐ Yes ☐ No	Name of Insurance Company:

Insurer's name:	Insurer's Birth Date: / /	Group No.:	Policy No.:

Student's relationship to insurer:	☐ Self	☐ Spouse	☐ Child	☐ Other

Physician's Name:	Phone: ( )

Name of Preferred Hospital

List **ALL** significant medical conditions of which SVCTE should be aware (include all allergies):

List **ALL** medications you take on a regular basis (include dosages) (use reverse side if more space needed):

_____	_____	_____	_____
Student signature	*Date*	*Parent/Guardian signature* (High School Students ONLY)	*Date*

Revised 4.26.18