

## San Gabriel Valley Training Center Emergency Record

**Dear Consumers and Employees:**

In the event that you should have an accident or become ill while you are SGVTC, it is extremely important that the Center maintain current, up-to-date emergency and medical information on file for your health and safety.

Please fill out the following information and return to the Front Office as soon as possible. If you are under 18 or do not have all the information requested, please ask your parent(s) or guardian to complete and sign this form. If there are any changes that may occur after filling out this record, please notify the counselor as soon as possible.

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **SS#** (write last 4-digits only): \_\_\_\_\_

**Current Telephone Number:** **Area code:** \_\_\_\_\_ **Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street) (City) (Zip)

**Your Doctor:** \_\_\_\_\_ **Tel. #: Area Code:** \_\_\_\_\_ **Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Are you currently taking any medications?** YES \_\_\_\_\_ NO \_\_\_\_\_

**If yes, please state name of medication(s) and dosage (s). (Indicate the time you take medication(s) and the reason(s):** \_\_\_\_\_

**Please list any medications you are allergic to:** \_\_\_\_\_

**Date of last tetanus injection:** \_\_\_\_\_

Please identify three different individuals (parent/guardian/nearest relative) to be contacted in the event of any emergency: (please list in order of availability)

NAME	RELATION	AREA CODE	PHONE #

**EMERGENCY CARE AUTHORIZATION:**

As a student in school, your primary insurance coverage is with your existing health plan. Please identify your current Medical/Hospital Insurance Coverage:

**Medical Insurance Company:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

or **Medi-cal #:** \_\_\_\_\_ **Medicare #:** \_\_\_\_\_

In the event of an emergency requiring transport to a hospital or physician, SGVTC is authorized to take me (by ambulance if necessary) to a recognized medical facility or physician.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(if under 18 years of age)