

**VALLEY TORAH HIGH SCHOOL**

12517 Chandler Blvd. • Valley Village, CA 91607 • (818) 505-7999 • fax (818) 505-7997 • vths@vths.org

***Emergency Information***

Student's Last Name	First Name	Middle Name	
Street		Telephone (    )    -	
City	State	Zip	
Date of Birth	Sex	Person(s) responsible for the student	
Father's name		E-mail Address	
Street			
City	State	Zip	
Home telephone (    )    -	Business Telephone (    )    -	Cell Phone (    )    -	
Mother's name		E-mail Address	
Street			
City	State	Zip	
Home telephone (    )    -	Business Telephone (    )    -	Cell Phone (    )    -	
Additional contact in case of emergency Name		Relationship	
Street			
City	State	Zip	
Telephone (    )    -			
Physician	Telephone (    )    -		
Street			
City	State	Zip	

***(over please)***

Out of state contact  
Name

Relationship

Telephone  
(       )       -

Please indicate if your child has a preexisting medical condition (explain)

Please indicate if your child has any allergies (e.g. aspirin, bee sting, other medications, etc.)

Please list any prescribed medication your child is currently taking

I, the undersigned, do hereby authorize officials of Valley Torah High School to contact the persons named above, and authorize the above named physician to render treatment as may be deemed necessary in an emergency for the health of my child. In the event that the parents' physician, or other authorized person cannot be contacted, Valley Torah High School is hereby authorized to take whatever action is deemed necessary in their judgment for the health of my child. I will not hold Valley Torah High School financially responsible for the emergency care and/or transportation of my child.

\_\_\_\_\_  
Signature of parent

\_\_\_\_\_  
Date