

Mid-Maine Technical Center

STUDENT EMERGENCY INFORMATION FORM

Last Name: _____ Middle Initial: _____ First Name: _____

Technical Program: _____ Section: A.M. P.M.

High School: _____ Grade Level: 9 10 11 12 PG

Student's Mailing Address: _____

Home Phone: _____ Gender: Female Male

Birth date: ___/___/___ Race: White Hispanic Black Asian American Indian Alaskan Native

Parent/Guardian (Primary Contact)

Name: _____

Relationship: _____

Address: _____

Phone: _____

Cell Phone: _____

Email Address: _____

Workplace: _____

Work Phone: _____

Parent/Guardian (Secondary Contact)

Name: _____

Relationship: _____

Address: _____

Phone: _____

Cell Phone: _____

Email Address: _____

Workplace: _____

Work Phone: _____

OTHER EMERGENCY CONTACTS:

The school will attempt to contact the Parents/Guardians listed above. In the event that the school is unable to contact the Parents/Guardians, please list two additional adults who can assume temporary care of your son/daughter.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

PLEASE REFER TO THE OTHER SIDE FOR MEDICAL INFORMATION



*This emergency information card must be **completed in full** before a student may participate in a program at M.M.T.C.*

MEDICAL INFORMATION

Student's Name: _____

Primary Care Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Hospital: _____ Phone: _____

Medical Insurance: _____ Policy #: _____

Medical Alert

<u>Conditions</u>	<u>Explanation</u>	<u>Medications</u>
<input type="checkbox"/> Allergies _____	/	_____
<input type="checkbox"/> Fainting _____	/	_____
<input type="checkbox"/> Diabetes _____	/	_____
<input type="checkbox"/> Seizures _____	/	_____
<input type="checkbox"/> Hearing Impairment _____	/	_____
<input type="checkbox"/> Vision Impairment _____	/	_____

Other condition(s) which might affect your son/daughter's participation:

In case of an accident or serious illness, I request the school attempt to contact me. If the school is unable to contact me, I hereby authorize the school to arrange for emergency medical care. Once my son/daughter is placed under emergency care, I authorize the medical professionals to perform necessary medical care and treatment.

(Signature of Parent/Guardian) (Date)

**IF ANY INFORMATION ON THIS FORM CHANGES DURING THE SCHOOL YEAR,
PLEASE NOTIFY THE TECHNICAL CENTER'S OFFICE AT 873-0102 EXT. 0**