

STUDENT EMERGENCY MEDICAL CARD – *Print Please*

TO BE COMPLETED BY PARENT/GUARDIAN (PLEASE PRINT)

STUDENT NAME _____ NICKNAME _____
(Last) (First) (MI)

STUDENT'S CELL PHONE # _____

ADDRESS _____
(Street) (City/Town) (Zip Code)

HOME PHONE (____) - ____ - _____ SEX _____ DATE OF BIRTH ____/____/____

SENDING SCHOOL: _____ SENDING DISTRICT _____

Student Resides with: Both Parents Mother Only Father Only Guardian Other _____

Mother/Guardian _____
(Last) (First) (M.I.)

Name & Address of Mother/Guardian's Employer _____
Mother's Business - Telephone (____) - ____ - _____

Father/Guardian _____
(Last) (First) (M.I.)

Name & Address of Father/Guardian's Employer _____
Father's Business - Telephone (____) - ____ - _____

EMERGENCY CONTACT:

1) NAME _____ PHONE _____ CELL _____
RELATIONSHIP TO STUDENT _____

1) NAME _____ PHONE _____ CELL _____
RELATIONSHIP TO STUDENT _____

DOCTOR: _____
Name Address (____) - ____ - _____
Doctor's Telephone

Hospital Preferred: _____

INSURANCE INFORMATION:

North Montco does not carry insurance to protect your child from expenses due to accidents. School accident insurance is available through your own school district and applies to North Montco situations. The only exception to the school accident insurance coverage is for students employed and paid a wage under one of North Montco's Cooperative education programs.

MY CHILD IS COVERED BY SCHOOL INSURANCE: YES NO OTHER INSURANCE COVERAGE: YES NO
NAME OF COMPANY AND POLICY NUMBER: _____

MEDICAL INFORMATION:

My child may be given - (**TYLENOL**) - for headache or minor pains. YES NO

My child may be given - (**IBUPROFEN**) - for cramps or headaches. YES NO

IT IS ADVISABLE FOR THE STUDENTS WORKING IN AN INDUSTRIAL SETTING TO HAVE HAD A RECENT TETANUS IMMUNIZATION

Has the student had a recent (**TETANUS SHOT**)? YES NO If yes / Date: _____

Please describe any physical / emotional conditions (such as asthma, diabetes, etc.) or medication taken that should be noted.

ALLERGIES:

In case of accident or serious illness, I request the school to contact me. If I cannot be reached immediately by telephone, I hereby authorize the North Montco Technical Career Center to call a doctor or send my child to a hospital. I understand the cost of any medical treatment will be the responsibility of the student's parent/guardian and not the North Montco Technical Career Center or the sending school.

I give permission for medical information to be shared with appropriate school personnel on an as needed basis.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

STU-005 (Rev. 2/13/07)