



Student First Name

Student Last Name

Program Name AM PM

Emergency and Health Info

CONTACT INFO

Mother Father Guardian

Full Name: _____

Address 1: _____

Address 2: _____

City: _____

State: _____ Zip: _____

Email Address: _____

Home #: _____

Work #: _____

Cell #: _____

Primary Contact: Yes No

Mother Father Guardian

Full Name: _____

Address 1: _____

Address 2: _____

City: _____

State: _____ Zip: _____

Email Address: _____

Home #: _____

Work #: _____

Cell #: _____

Primary Contact: Yes No

EMERGENCY CONTACT

Emergency contact other than above. Authorized to pick up student with valid I.D.

Full Name: _____

Home #: _____

Work #: _____

Cell #: _____

Grandmother Brother

Grandfather Sister

Family Friend Aunt

Other Uncle

If the student has any medical problems check below. Please include other health information.

Bee Sting Allergy - list meds if needed

Diabetes

Cardiac Condition

Respiratory Allergy / Problem

Hemophilia

Vision Problem

Hearing Problem

Sensitivity to Medication

Wears Glasses/Contacts

The following may be given to child for headache or pain:

IBUPROFEN (400 mg)

TYLENOL (650 mg)

Other not listed

Please explain any problem checked above:

Names & Dosages of any medications the student takes:

Are there any restrictions that would prevent your child from wearing a mask? If so, please explain:

Parent / Guardian (signature)

I understand that this constitutes a legal signature.

Date

Return completed form by email to elowery@cmths.org

I hereby give my permission for Central Montco Technical High School to send my child to the nearest hospital or physician available in the event of any emergency, injury or illness