



NEW CASTLE CAREER CENTER STUDENT EMERGENCY INFORMATION

New Castle Career Center instructors will take a copy of this form with them when they accompany students away from their regular classroom/lab site. It will be used in the case of an emergency.

Student Name:			
Street Address:	City:	State:	Zip:
Parent/guardian Name:		Relationship:	
Best way to contact parent/guardian in an emergency - Phone #: ()			
2 nd emergency contact person:		Relationship:	Phone #: ()

Student Medical Information – *This information is necessary in the case immediate medical attention is needed.*

Medical Alert: (circle one) YES NO	
If YES , please explain:	
List medical conditions or allergies that could affect the student’s health and well-being while in a career program class:	
Health/Accident Insurance: (circle one) YES NO If YES , complete the information about insurance	Insurance Provider: Phone #: Policy #:
Physician’s Name:	Physician’s Phone #: ()
Last Tetanus Shot Date: (circle one)	<input type="checkbox"/> Within 6 months <input type="checkbox"/> Within 1 year <input type="checkbox"/> Longer than 1 year
Hepatitis B Shot Date: 1. _____ 2. _____ 3. _____	

I consent for my child to receive medical treatment in case of injury or illness and the emergency contacts cannot be reached. The information provided is accurate to the best of my knowledge. New Castle Career Center and New Castle Community School Corporation does not pay for medical attention should a student be injured while participating in a career program. Should it be determined a student injury requires medical attention, it will be the responsibility of the parent/guardian to pay all medical expenses.

Student Signature:	Date:
Parent/guardian Signature:	Date:

AN EQUAL OPPORTUNITY PROVIDER
 The New Castle Career Center is committed to equal opportunity and does not discriminate under any education program or student activity.