NEW CASTLE CAREER CENTER

STUDENT EMERGENCY INFORMATION

New Castle Career Center instructors will take a copy of this form with them when they accompany student 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:	
Phone:			
2nd emergency contact:		Relationship:	
Phone:			

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

Medical Alert: ☐ **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: ☐ **YES** ☐ **NO** If **YES**, please complete information below: Insurance Provider: Policy Number: Phone:			
Physician's Name:		Phone:	
Last Tetanus Shot Date: ☐ **Within 6 months**	☐ **Within 1 year**	☐ **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 responsiblity of the parent/guardian to pay all medical expenses.

Student Signature:	Date:
Parent/Guardian Signature:	Date:

The New Castle School Corporation is an equal opportunity employer and prohibits discrimination in admission or access to, or treatment or employment in, its programs and activities.