

**Carbon Career and Technical Institute
Student Emergency Information
2026-2027**

This form is to be completed at the beginning of the school term. Information will be used to assist the school in contacting you in case of an illness or injury. Please inform the school of any data changes.

School Year 2026/2027 **Homeroom Teacher** _____ **Tech Area** _____
Grade _____

Student Name _____ Social Security # ____ - ____ - ____ Date of Birth _____

Student Email _____

Student Address _____

Student resides with: ☐ Both Natural Parents, ☐ Mother, ☐ Father, ☐ Guardian, ☐ Other Name _____

Mother: Name _____ Address _____

Home Phone _____ Cell Phone _____ E-Mail _____

Employer _____ Work Address _____ Work # _____

Father: Name _____ Address _____

Home Phone _____ Cell Phone _____ E-Mail _____

Employer _____ Work Address _____ Work # _____

Guardian: Name _____ Address _____

Home Phone _____ Cell Phone _____ E-Mail _____

Employer _____ Work Address _____ Work # _____

If student becomes seriously ill or injured while in school and one of the above cannot be located, please list two persons with transportation who will be willing to assume temporary care of your child.

Local Friend/Relative: Name _____ Relationship to student _____

Home Phone _____ Cell Phone _____ Work # _____

Local Friend/ Relative: Name _____ Relationship to student _____

Home Phone _____ Cell Phone _____ Work # _____

Student's Home School District _____ **Full-Time** _____ **Part-Time** _____

Student arrives on Bus # _____ Location of Bus Stop _____ Student

goes home on Bus # _____ Location of Bus Stop _____ Student

drives to school _____ Student is transported by automobile _____

(Please complete reverse side of form)

Student Name: _____

Student Name _____ Date of Birth _____

Name of Family Dr. _____ Phone _____ Hospital Preference _____

Name of Family Dentist _____ Phone _____

I give permission for my child to be given Tylenol/acetaminophen (non-aspirin), tums, or cough drops if necessary in an emergency situation or as needed. ☐ Yes ☐ No

Does the school have permission to administer adrenalin/epinephrine to the students when symptoms of a life threatening allergic reaction occur? ☐ Yes ☐ No

Does the school have permission to secure medical attention from the source named above without involving the school in any obligation? ☐ Yes ☐ No

I give permission to the attending physician for any necessary emergency treatment (sutures, tetanus injection, etc.) ☐ Yes ☐ No Date of last tetanus injection ____/____/____

My child is able to participate in regular physical education classes and has no restrictions. ☐ Yes ☐ No

Please complete if your child has any of the following:

Is your child allergic to any plants, food, medication and/or insect sting? ☐ Yes ☐ No

If Yes, specify _____

List any illness, health concern, or medical condition the school should be aware of _____

Does your child take prescribed medication? ☐ Yes ☐ No

If Yes, specify _____

For the safety of my child, I authorize the release of medical information to whichever school personnel the principal and/or school nurse deem are necessary. ☐ Yes ☐ No

In the following statements, please check the appropriate boxes.

*

1. Physical examinations are required by the Pennsylvania School Health Act for allkindergarten, 6th and 11th grade students and transfers from out of state. For a detailed physical examination, including genitalia, it is highly recommended that your child see his/her family physician, since he/she can best evaluate your child's health and assist you in obtaining necessary treatments and corrections. Otherwise, a general exam, excluding genitalia, will be completed at school. I hereby give my consent for my child to receive a school physical at the convenience of Switchback Medical Center, the school physician and the school nurse. ☐ Yes ☐ No

* A "**NO**" indicates that the examination will be done by a properly licensed doctor of your choice, at your expense. A specialform must be obtained from the school nurse and returned before the end of the school year.

Parent/Guardian Signature _____ **Date:** _____