Student Information/Medical Authorization Form

EMERGENCY CONTACT FORM

THIS FORM MUST BE COMPLETED AND RETURNED FOR YOUR SON/DAUGHTER TO PARTICIPATE IN THEIR PROGRAM AT A. W. BEATTIE CAREER CENTER

A. W. BEATTIE CAREER CENTER
9600 Babcock Boulevard
Allison Park, PA 15101
(412) 847-1900

FORM MUST BE RETURNED PRIOR TO SEPTEMBER 11, 2017

Student Information

Student's Last Name _____ First Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Parent Cell Phone_____Birth Date _____

Parent e-mail address _____

Work Phone:_____ ❑ Mother ❑ Father

Program Information

Program _____ Session ❑ AM ❑ PM Grade 9 10 11 12 PG
Class Level 1 2 3

High School _____ District _____

Emergency Information

Name of Parent/Guardian _____
If other than parents, please give full name

Father's Full Name_____

Father's Employer _____Business Phone _____

Mother's Full Name _____

Mother's Employer _____ Business Phone _____

Insurance Company Name _____ Policy No. _____

If neither parent is available, please call the following persons in case of sudden illness or accident.

Name _____ Phone _____

Name _____ Phone _____

Family Physician _____ Phone _____

OVER⇒

Medical Information/Authorization

State any medical history or problem with which the school should be familiar (ex: heart conditions, diabetes, convulsive disorders, etc):

_____

_____

List any allergies (medications, food, insect, stings, etc.) which your child may have:

_____

List any medications your child takes regularly:

_____

For what reason: _____

Date of last Tetanus Booster: _____

If neither of the parents can be contacted in the case of serious injury or illness, I hereby authorize representatives of the A. W. Beattie Career Center to act as my agent to secure emergency medical treatment for _____, a minor for whom I am responsible, at UPMC Passavant Hospital, or any other medical facility when in the opinion of the school representatives such emergency treatment is deemed necessary during the time my child is attending, coming to, or leaving school. I fully understand that the Beattie-owned vehicle, driven by non-medical personnel, may be used for transport to such medical facility in case of emergency when parents cannot be contacted. **In case of extreme emergency, an ambulance will be called with parents responsible for the cost of the ambulance and/or any medical treatment.** I hereby agree to hold the A. W. Beattie Career Center and their representatives harmless for exercising judgment in authorizing such emergency medical treatment and said representatives are specifically authorized to sign any required emergency hospital forms on my behalf.

My signature below indicates that I have read and agree to the statement above. I also give permission for my son/daughter to operate power tools or equipment as part of the instructional program at A. W. Beattie Career Center.

_____ _____

Parent/Guardian Signature Date