

Student Medical Information Sheet

All information must be completed and this form returned before a student will be allowed to operate any power equipment in the laboratories. This information will be used to help make this class as safe as possible and to expedite emergency help if needed.

(Student Name- Please print clearly)

(Address)

(City)

(State)

(Zip)

(Subdivision or apartment complex)

(Parent's/Guardian's Name)

(Address if different from above)

(City)

(State)

(Zip)

(Mother's Home Telephone Number)

(Mother's Work Telephone Number)

(Father's Home Telephone Number)

(Father's Work Telephone Number)

In Case of Serious Accident, Please Notify:

(Name)

(Relation)

(Address)

(City)

(State)

(Zip)

(Telephone)

(Alternate Phone)

Confidential Information:

Are there any physical or mental impairments that may be of concern to me as a technology education instructor?

YES NO

If yes, please specify: _____

During the school year does the student take medication of any type that might limit activities or affect vision,

hearing, balance or other senses? YES NO If yes, please specify: _____

I have read the attached information relating to this course and rules. I promise the information is correct and true. I will inform the instructors of any changes that may occur this year relevant to my child and the safe operation of this course.

(Parent/Guardian Signature)

(Date)

If more space is needed for comments, please continue on the back of this form.