

# MCI MEDICAL EMERGENCY CARD

Current School Year: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Phone: H- \_\_\_\_\_ W- \_\_\_\_\_

Address: \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Policy Holder \_\_\_\_\_ Policy #: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

## PERMISSION TO TREAT:

I, parent/guardian of the above named student, certify that I have valid accident insurance coverage in force that will cover my child/ward should an accident occur. Furthermore in the event of illness or accident involving my child/ward, I hereby give permission to Maine Central Institute, its officials, and the physicians, surgeons, and dentists retained by the School, to secure and furnish medical, dental or surgical care and treatment for him/her and to give, administer and render any treatment or aid including necessary immunizations, anesthetics or surgery, as is necessary to protect, preserve, and safeguard the life and/or health of my child/ward for the current school year.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Maine Central Institute, 295 Main Street, Pittsfield, ME 04967 Tel: 207-487-4461 Fax: 207-679-2796

**\*COMPLETE ALL INFORMATION ON FRONT AND BACK OF CARD\***

## HEALTH QUESTIONNAIRE

Student Name: \_\_\_\_\_

Yes No

1. Do you have any allergies (medication, food, insect bites etc.? **Please list below.**

2. Are you currently taking any medications? **Please list below.**

3. Have you ever had, or do you currently have asthma or wheezing?

4. Have you recently been or are you under a physician's care for any illness or injury?

5. Have you ever been hospitalized or had a surgical operation?

6. Have you ever been knocked out or had a concussion? **(List number and dates)**

7. Are you missing any of your paired organs (ears, eyes, kidneys, testicles, etc.)?

8. Have you ever had a heart murmur, high blood pressure or heart abnormality?

9. Do you have any family history of early deaths (before age 50)?

10. Are there any additional injuries or medical considerations that MCI should be aware of?

11. Do you know of any reason why you should not be allowed to participate in any and all sports?

**\* IMPORTANT? You must explain any question to which you answered "yes" to in the following spaces:**

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_