



**Kentucky Department of Education**  
*Office of Career and Technical Education*

**Student Medical Record and Insurance Verification**

School:				Program:				
Student:				SSID #:			Birth Date:	
Address:					City:			
State:			Zip:			Phone #:		

Emergency Contact:				Address:				
City:				State:		Zip:		
Home Phone:			Work #:			Cell #:		
Relationship to Student:	Father:			Mother:			Brother:	
	Sister:			Other:				

**Each student enrolled at the school should have some type of insurance coverage in the event of an injury. Every precaution is taken to prevent injuries; however, accidents do happen occasionally. The state provides limited secondary insurance coverage for students enrolled in the School.**

Name of Insurance Company:			Policy Number:			Group Number:	
Family Physician:			Physician's Phone #:				
Hospital:							
Do you have school insurance on the student:	Yes:		No:				
If you have a state medical card, please provide the number:							

Identify any of the conditions or diseases below that you have (please check appropriate boxes):					
<input type="checkbox"/>	Allergies (including drug)*	<input type="checkbox"/>	Dyslexia	<input type="checkbox"/>	Physical Disabilities
<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Must Wear Brace	<input type="checkbox"/>	Orthopedic
<input type="checkbox"/>	Color Blindness	<input type="checkbox"/>	Polio	<input type="checkbox"/>	Heart Condition
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	Must Wear Hearing Aid
<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>	Must Wear Glasses/Contacts
<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Other	<input type="checkbox"/>	

<b>Are you presently taking any medications?</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please list:				
<b>*List any allergies you have:</b>				

If I am unconscious and spouse or parent/legal guardian cannot be reached, I hereby give consent for the principal and/or teacher to do whatever is necessary to secure emergency medical care.

<i>Student Signature:</i>				Date:	
<b>Must be signed by parent/legal guardian if student is a minor:</b>					
<i>Parent/Guardian Signature:</i>				Date:	

Equal Education and Employment Opportunities M/F/D