NORTH MONTCO TECHNICAL CAREER CENTER
1265 Sumneytown Pike, Lansdale, PA 19446
Phone: (215) 368-1177 - Fax: (215) 855-7929
Website: www.nmtcc.org

STUDENT EMERGENCY MEDICAL CARD

TO BE COMPLETED BY LEGAL GUARDIAN (PLEASE PRINT)

STUDENT'S LEGAL NAME: _____
(Last Name, First Name, Middle Initial)

STUDENT'S PREFERRED NAME: _____ **DATE OF BIRTH:** _____

BIOLOGICAL SEX *(Please circle)***:** Male ☐ Female ☐

GENDER (Please circle): Identifies as Male ☐ Identifies as Female ☐ Non-Binary ☐ Other: _____

PREFERRED PRONOUNS *(Please circle)***:** He/Him/ ☐ She/Her/Hers ☐ They/Them/Theirs ☐ Other: _____

HOME ADDRESS: _____ **PHONE #**_____

SENDING SCHOOL: _____ **SENDING DISTRICT** _____

**PLEASE PROVIDE THE BEST PHONE # TO BE REACHED AT DURING SCHOOL HOURS*

GUARDIAN'S NAME (1): _____ **RELATIONSHIP TO STUDENT:** _____

EMPLOYER ADDRESS: _____ **PHONE #:**_____

GUARDIAN'S NAME (2): _____ **RELATIONSHIP TO STUDENT:** _____

EMPLOYER ADDRESS: _____ **PHONE #:**_____

==========

EMERGENCY CONTACTS: (ONLY TO BE CONTACTED IF A GUARDIAN CAN NOT BE REACHED)
**PLEASE PROVIDE THE BEST PHONE # TO BE REACHED AT DURING SCHOOL HOURS*

CONTACT'S NAME (1): _____ **RELATIONSHIP TO STUDENT:** _____

CONTACT'S ADDRESS: _____ **PHONE #:**_____

CONTACT'S NAME (2): _____ **RELATIONSHIP TO STUDENT:** _____

CONTACT'S ADDRESS: _____ **PHONE #:**_____

==========

MEDICAL CONTACT INFORMATION:

PRIMARY CARE PROVIDER NAME: _____

OFFICE ADDRESS: _____ **PHONE #:**_____

PREFERRED HOSPITAL: _____

HOSPITAL ADDRESS: _____ **PHONE #:**_____

INSURANCE INFORMATION: North Montco does not carry insurance to protect your child from expenses due to accidents. School accident insurance is available through your own school district and applies to North Montco situations. The only exception to the school accident insurance coverage is for students employed and paid a wage under one of North Montco's Cooperative education programs.

INSURANCE NAME: _____ **POLICY #:**_____

PLEASE MAKE SURE BOTH SIDES OF THIS DOCUMENT ARE FILLED OUT COMPLETELY.
DO NOT LEAVE ANY BLANKS. WRITE N/A IF NOT APPLICABLE.
STU-005 (Rev. 1/12/2021)

NORTH MONTCO TECHNICAL CAREER CENTER
1265 Sumneytown Pike, Lansdale, PA 19446
Phone: (215) 368-1177 - Fax: (215) 855-7929
Website: www.nmtcc.org

STUDENT EMERGENCY MEDICAL CARD

TO BE COMPLETED BY LEGAL GUARDIAN (PLEASE PRINT)

STUDENT MEDICAL INFORMATION:

DOES THE STUDENT HAVE A DOCUMENTED MEDICAL CONDITION/ DISABILITY? YES ☐ NO ☐

MEDICAL CONDITION/ DISABILITY	TREATMENT/ MEDICATION (DOSAGE/FREQUENCY)

STUDENT WILL RECEIVE TREATMENT/ MEDICATION FOR MEDICAL CONDITION/ DIASBILITY AT: *(Circle all that apply)*

HOME ☐ SENDING SCHOOL ☐ NMTCC ☐ OTHER: _____

DOES THE STUDENT HAVE ANY ALLERGIES TO MEDICATION OR FOOD? YES ☐ NO ☐

ALLERGIES (MEDICATION/ FOOD)	TYPE OF REACTION

I AUTHORIZE THE SCHOOL NURSE TO ADMINISTER THE FOLLOWING MEDICATIONS TO THE STUDENT IF NEEDED:

BRAND NAME (GENERIC NAME)	CLASSIFICATION (USED TO TREAT)	YES	NO
BENADRYL (DIPHENHYDRAMINE)	ANTIHISTAMINE (ALLERGIC REACTION)		
MOTRIN/ADVIL (IBUPROFEN)	NSAID (PAIN RELIEF)		
PEPTO BISMOL (BISMUTH SUBSALICYLATE)	DIARRHEA/HEARTBURN/NAUSEA/UPSET STOMACH		
TUMS (CALCIUM CARBONATE)	HEARTBURN/UPSET STOMACH/ INDIGESTION		
TYLENOL (ACETAMINOPHEN)	ANALGESIC (PAIN RELIEF)		

IMMUNIZATION RECORD **PLEASE PROVIDE A COPY OF THE STUDENT'S IMMUNIZATION RECORD*

TETANUS COMMONLY KNOWN AS LOCKJAW IS A POTENTIALLY FATAL BACTERIAL INFECTION THAT CAUSES PAINFUL MUSCLE CONTRACTIONS, PARTICULARLY IN THE JAW AND NECK. IT IS ADVISABLE FOR STUDENTS WORKING IN AN INDUSTRIAL SETTING TO HAVE A TENTANUS IMMUNIZATION.

HAS THE STUDENT HAD A TETANUS VACCINE WITHIN THE LAST 10 YEARS? YES ☐ NO ☐

In case of accident or serious illness, I request the school to contact me. If I cannot be reached immediately by telephone, I hereby authorize the North Montco Technical Career Center to call a doctor or send my child to a hospital. I understand the cost of any medical treatment will be the responsibility of the student's parent/guardian and not the North Montco Technical Career Center or the sending school. I give permission for medical information to be shared with appropriate school personnel on an as needed basis.

GUARDIAN SIGNATURE: _____ DATE: _____

NURSES OFFICE ONLY:
ENTERED INTO ELECTRONIC MEDICAL RECORD

DATE: _____INITIAL: _____

PLEASE MAKE SURE BOTH SIDES OF THIS DOCUMENT ARE FILLED OUT COMPLETELY.
DO NOT LEAVE ANY BLANKS. WRITE N/A IF NOT APPLICABLE.
STU-005 (Rev. 1/12/2021)