MONROE CAREER AND TECHNICAL INSTITUTE STUDENT MEDICAL CARD

2026-2027 SCHOOL YEAR

PLEASE COMPLETE USING BLACK OR BLUE PEN ONLY

OFFICE USE ONLY
_____SESSION
_____MCTI ID NUMBER
*Medical Alert _____

Student Name: _____ Program: _____ Tetanus Booster Date: _____
(Last) (First) (Middle)

Family Physician: _____Physician's Phone #: _____

Student's Insurance Company: _____ Policy #: _____ Exp. Date: _____

CHECK THE BOXES BELOW IF YOUR CHILD CURRENTLY HAS ANY OF THE FOLLOWING CONDITIONS:

□Asthma (Inhaler Required) □Diabetes □Sickle Cell Anemia □ Severe Allergies (EpiPen Required)

□Seizure Disorder (Date of last seizure: _____) □**Other:** _____

If you selected Seizure Disorder, what type of seizures did/does your child have: _____

If you selected Diabetes, what type of diabetes does your child have: _____

If you selected Severe Allergies, what is the allergy your child has(explain): _____

Please list any medications(s) your child is required to take during school hours:

Name of Medication	Dosage	Times(s) Taken	Reason for Medication	Side Effect Student has

NOTE: Medical authorization forms must be completed by the physician at the start of every school year for any medication/procedures required during school hours. Please contact the MCTI Health Officer at (570) 629-2001 ext. 1135

CHECK THE BOXES BELOW IF YOUR CHILD HAS OTHER HEALTH CONCERNS THE HEALTH OFFICER SHOULD BE AWARE OF:

□Cardiac Issue
□GI Issue
□High blood pressure
□Kidney Disease
□Migraines

□Physical Handicaps
□Serious Operations/accidents
□Hearing Issues
□Vision Problems
□ Wears glasses
□ Wears Contacts

□ADHD
□Autism Spectrum
□Anxiety
□Panic Attacks
□Bipolar
□Conduct Disorder
□Depression

□Other Mental Health Diagnosis (please explain): _____
_____
_____

□IEP
□504

Explain further any of the checked health concerns above: _____

RELIGIOUS RESTRICTIONS TO MEDICAL TREATMENT: _____

Parent/Guardian Signature: _____ Parent/Guardian Printed Name: _____ Date: _____