



**LANCASTER COUNTY  
CAREER AND TECHNOLOGY CENTER**

*\*Please Print Legibly In Black Or Blue Ink\**

BT **MEDICAL INFORMATION**

MJ

STAFF

WS

ADULT STUDENT

Date \_\_\_\_\_ Lab \_\_\_\_\_ AM  PM  FD

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Name of Preferred Hospital \_\_\_\_\_

Person to be Notified \_\_\_\_\_ Phone \_\_\_\_\_

Alternative Person to be Notified \_\_\_\_\_ Phone \_\_\_\_\_

**CONSENT OF AUTHORIZATION**

I CONSENT TO RECEIVE EMERGENCY FIRST AID AT THE LCCTC IN EVENT OF ILLNESS OR ACCIDENT. IF DUE TO THE SERIOUSNESS OF MY CONDITION AND I AM UNABLE TO PROVIDE MY CONSENT, I GIVE MY PERMISSION TO BE TRANSPORTED BY AMBULANCE OR A RESPONSIBLE PERSON TO THE HOSPITAL OR PHYSICIAN'S OFFICE. I WILL ASSUME NECESSARY EXPENSES, IF ANY.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Please  
circle

1. **YES or NO** • I have the following allergies, such as bee-stings, Penicillin, medicines, etc.? (List what below)  
\_\_\_\_\_
2. **YES or NO** • I will require special seating in the class? What type? \_\_\_\_\_
3. **YES or NO** • I have the following physical condition which may limit my participation in the activities of the total school program:  
\_\_\_\_\_
4. **YES or NO** • I have had surgery, serious injury, or illness during the past year? Please list: \_\_\_\_\_
5. **YES or NO** • I am taking medication? List medication & condition: \_\_\_\_\_  
\_\_\_\_\_
6. **YES or NO** • I do have additional problems not covered by the above questions, such as epilepsy, migraine, etc. Please List:  
\_\_\_\_\_
7. **YES or NO** • Eyeglasses or Contacts? Please specify: \_\_\_\_\_
8. **YES or NO** • Hearing difficulties (Left Ear)? \_\_\_\_\_ (Right Ear)? \_\_\_\_\_
9. **YES or NO** • I had a **tetanus shot**? Date of immunization \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_