



New Market Skills Center "NMSC"
7299 New Market Street SW
Tumwater, WA 98501
(360) 570-4500
www.newmarketskills.org

Emergency Treatment/Health Information

Please print neatly

Student's Name Cell Phone

NMSC Program(s)

Parent or Guardian Name Home Phone

Home Address

Father's Employer Address Father's Work Phone

Mother's Employer Address Mother's Work Phone

EMERGENCY CONTACT PERSON

Name Relation Phone

Physician Phone

Dentist Phone

Hospital Phone

OTHER MEDICAL INFORMATION/HEALTH INFORMATION NMSC SHOULD BE AWARE OF:

- Diabetes
Blood disease
Allergies requiring immediate attention
Orthopedic problem requiring limitations
Respiratory problem-severe-requiring limitations
Seizure disorder
None of the above to my knowledge
Other
Seriously ill during past year
Operation during past year

INSURANCE INFORMATION

I carry adequate medical insurance on my student who attends NMSC.
Name of Insurance Carrier

If the parents and authorized physician named above cannot be reached at the time of an emergency, and if, in the judgment of NMSC authorities, immediate observation or treatment is necessary, 911 will be called. In the event your student needs medical attention, do you authorize NMSC authorities to transport your student (properly accompanied) to the hospital or doctor/dentist most easily accessible. Please Check One Yes No

Parent/Guardian Signature

Date

Please return this form to the Program Instructor