

**TOLEDO CAREER INSTITUTE
MEDICAL EMERGENCY/ HISTORY FORM**

STUDENT'S NAME (LAST, FIRST) PROGRAM ENROLLED IN

STUDENT'S ADDRESS

STUDENT'S PHONE #

Are you presently on any medication for a chronic condition? Yes No

Do you take medication on a regular or ongoing basis? Yes No

Diabetes Yes No

Epilepsy Yes No

Heart condition Yes No

High blood pressure Yes No

Impaired vision Yes No

Surgery Yes No

Blood related conditions Yes No

Asthma Yes No

Allergies Yes No

In case of emergency, please notify:

Contact # 1

Name	Telephone #	Relationship
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Contact # 2

Name	Telephone #	Relationship
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Contact # 3

Name	Telephone #	Relationship
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Signature of Student

Date