

Upper Bucks County Technical School

2024-2025 Confidential Student Health & Emergency Record

***Students will not be permitted to participate
in lab activities until this form is complete***

Student Name _____ Birth Date _____ Age _____

Home High School _____ Program _____ AM PM Grade _____

Primary Address _____ Town _____ Zip _____

Primary Email Address _____

Mother/Guardian _____ Home # _____ Cell # _____

Place of Employment _____ Work # _____

Father/Guardian _____ Home # _____ Cell # _____

Place of Employment _____ Work # _____

Student resides with: Both Parents ___ Mother ___ Father ___ Guardian (name) _____

Emergency Contacts:

(List two adults over 18 years old who are able to pick up your student during school hours)

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Student's Doctor _____ Phone _____

Student's Dentist _____ Phone _____

Medical Insurance _____ Policy Number _____

Date of Last Tetanus Booster _____

******PLEASE FILL OUT NEXT PAGE OF FORM******