

Please complete form front & back in black ink

**MERIDIAN TECHNOLOGY CENTER
MEDICAL INFORMATION FORM
School Year 2016 – 2017**

Date _____ Program _____ Session AM PM FULLTIME

Student's First Name _____ Last Name _____ Student's Cell # _____

DOB _____ Gender: F M Student's email _____

Mailing Address _____ City _____ State _____ Zip _____

* We may use your telephone number (s) to contact you in the event of an emergency and occasionally for Meridian events. Please mark the appropriate box indicating whether or not you wish to receive text messages from Meridian on your cell phone. Standard text message rates may apply based on your cell phone plan.

Student _____opt in _____opt out

Emergency contact _____ Relationship _____

Home# _____ Cell# _____

List medications student is currently taking _____

List medications to which student is allergic _____

List any physical disabilities _____ **Is student diabetic?** _____

Family Doctor _____ Phone# _____ Date of last tetanus shot _____

Insurance Company _____

Policyholder's name _____ Policy Number _____

PERMISSION FOR EMERGENCY MEDICAL CARE

Opt in Opt out

I hereby give permission to Meridian Technology Center to obtain emergency medical care for any serious injuries incurred by above-named student while at school or on a school-sponsored activity. I understand billing for said medical care will be sent to me.

Signature of Student

Date

I understand that Betadine (an iodine-based antiseptic cleanser) is routinely applied to cuts when a student receives a small injury at Meridian Technology Center.

I am allergic to or do not wish to be treated with Betadine.

CONSENT FOR RELEASE OF STUDENT INFORMATION

I hereby give my permission for Meridian Technology Center to release information in any portion of, or all portions of, my records to present or prospective employers, sponsoring agencies, educational institutions, social service agencies, or mental health professionals as deemed appropriate.

I understand that parents or guardians of individuals under 18 years of age have the right to request records. Individuals 18 years of age or over must give permission for information to be released to parents, according to the Family Rights and Privacy Act.

I further understand that this authorization will be continuing until it is revoked in writing and such revocation is delivered to the Director of the Career Planning Center.

Signature of Student

Date

RELEASE OF STUDENT INFORMATION

I hereby give my permission to Meridian Technology Center to release information about my grades, attendance and/or billing/financial aid records to the following listed in this section.

Name _____ Relationship to Student _____ Phone # _____

Name _____ Relationship to Student _____ Phone # _____

Name _____ Relationship to Student _____ Phone # _____

Signature of Student

Date

**WorkKeys
RELEASE OF INFORMATION**

I hereby give permission for Meridian Technology Center to release the results of the WorkKeys assessment to Oklahoma Department of Commerce and to the Oklahoma Department of Employment Security (Oklahoma Job Link/Workforce Oklahoma). I understand that my results will be stored in a secure database and will only be accessible to employers if I give my certificate number to an employer.

Signature of student: _____

Date: _____

Release, Policies and Procedures

A student enrolled at Meridian Technology Center gives the school permission to utilize the student's photograph in promotional materials and informational publications, unless written notice is given to the Career Planning Center each school year that permission is withheld.

Students enrolled in a program at Meridian Technology Center, the student does hereby agree to comply with the Board-approved policies and procedures including, but not limited to, the student handbook.

Signature of Student

Date

STUDENT INFORMATION SHEET

Name: _____
(last) (first) (m.i.)

Mailing Address: _____
(Street or box number) (City, state, zip)

Home telephone number () _____ Sex M / F (please circle one)

Date of Birth ____/____/____ Social Security Number ____-____-____

Education: (Circle highest grade completed)

Tenth Grade

Eleventh Grade

Twelfth Grade

Less than a High School Diploma

High School Graduate/GED

Some College, No Degree

Technical Diploma

Associate Degree

Bachelor Degree

Masters Degree

Doctorate Degree

Please check one of the following statements:

Please be sure you, **the student** meets the entire statement **exactly** before checking.

____ **I, the student** worked as a homemaker and have lost my income due to divorce, legal separation, disability, or death of my spouse.

____ **I, the student** have custody or joint custody of children under the age of 18 and am unmarried through choice, divorce, legal separation, or death of my spouse.

____ **I, the student** am pregnant with my first child and am not married.

Complete this section if you are an adult student not currently enrolled in a high school.

____ Is Meridian Technology Center the only post-secondary institution in which you have been enrolled since completing high school or receiving your GED? (Post-secondary refers to any institution of higher learning) Yes / No

____ Is this the first class/semester in which you have been enrolled in Meridian Technology Center since completing high school or receiving your GED? Yes / No

____ Are you seeking a certificate? Yes / No

The information requested of you in this form is used strictly for the preparation of reports required by the Oklahoma Department of Career and Technology Education. In addition, this information helps us to determine if any forms of assistance would be beneficial to you.

Meridian Technology Center does not discriminate against any individual on the basis of sex, race color, religion, age national origin, disability, or veteran status in the operation of its education programs, activities, recruitment, admissions, or employment practices.

Race/Ethnicity

Part one: Is the student Hispanic or Latino? (Choose only one)

- No**, not Hispanic/Latino
 Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race)

The above part of the questions is about ethnicity, not race. *No matter what you selected above, please continue to answer the following* by marking one or more boxes to indicate what you consider your race to be.

Part two: What is student's race? (Choose one or more)

- American Indian or Alaska Native** (A person having original in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)

 Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)

 Black or African American (A person having origins in any of the black racial groups of Africa)

 Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)

 White (A person having origins in any of the original peoples of Europe, the Middle East, or North America)

Vehicle Information

| PLEASE PRINT Student Name | | Program | | Permit # |
|---------------------------|------|-------------------------|-----------------------------|------------------------|
| | | | | Office use only |
| License plate # | Year | Make (Example: Ford) | Model (Example: Mustang) | Color |
| Primary Vehicle | | | | |
| Vehicle 2 | | | | |
| Vehicle 3 | | | | |

I, the undersigned student, understand the rules of safe operation of a motor vehicle and laws that govern such. I further understand that should I fail to abide by the rules and laws, I will forfeit my privilege of driving a private vehicle to and from Meridian Technology Center.

Signature of student: _____ **Date:** _____