

# Medical Emergency Form

## Kentucky State-Required Assessments

**Testing Window:**                      **Start Date:** \_\_\_\_\_                      **End Date:** \_\_\_\_\_

Please check only the assessments that apply to this non-participation request.

ACCESS for ELLs     Alternate K-PREP     The ACT     K-PREP     Field Test/Other

\_\_\_\_\_  
Student's Last Name    First Name    MI

\_\_\_\_\_  
State Student Identification Number (SSID) 10-Digit Code                      Student's Grade Level

\_\_\_\_\_  
District and School Student Attends    Attending District/School Code

**Date of Injury:** \_\_\_\_\_

**Nature of Injury:**

**Testing Accommodation Provided:**

\_\_\_\_\_  
**BAC Signature**    **Date**

This paper copy should be retained in the district for audit purposes.  
(A copy of this form should be forwarded to the District Assessment Coordinator.)