

Tri-Tech Skills Center

EMERGENCY INFORMATION

To complete your registration, the following information needs to be provided:

Student's Name _____ High School _____ Grade _____

Address _____ E-Mail _____

Home Phone _____ Student Cell Phone _____ Birthdate _____

Father/Guardian Name _____ Place of Employment _____

Father/Guardian Work Phone _____ Cell Phone _____

Mother/Guardian Name _____ Place of Employment _____

Mother/Guardian Work Phone _____ Cell Phone _____

In case of illness or accident at school the parent/guardian will be called first, however if a parent/guardian cannot be reached an emergency phone number and name(s) of contact person(s) is needed.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

EMERGENCY TREATMENT INFORMATION

As a parent/guardian of _____, I hereby authorize any emergency treatment by a licensed medical physician and/or hospital in the event of injury or illness. (If you object to signing this form, please indicate any specific instructions below.)

Please indicate ANY ALLERGIES (bees, penicillin, etc.) or any specific HEALTH PROBLEMS (asthma, epilepsy, diabetes, heart condition, etc.) below. If you have any of these conditions what happens?

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date _____