

|   |                                |
|---|--------------------------------|
| Last Name _____ First Name _____ MI _____ | <b>EWCTC PARENT PERMISSION</b> |
|---|--------------------------------|

This is to certify that (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ has permission to be enrolled in a vocational program at EWCTC and is permitted to operate power tools, equipment, and/or electrical apparatus under the proper instruction and supervision of a teacher. The Eastern Westmoreland Career and Technology Center does not maintain accident or medical insurance for any students. It is the responsibility of the parent to insure adequate health and emergency medical care coverage. We urge you to investigate your local school student insurance program and/or contact School Counselor at 724-539-9788 for information concerning the Children's Health Insurance Program (CHIP).

In an emergency, if unable to reach parent or guardian, call:

| Name | Relationship | Telephone | Alternate Phone/Cell |
|------|--------------|-----------|----------------------|
|      |              |           |                      |
|      |              |           |                      |
|      |              |           |                      |

Unless otherwise indicated from you in writing, we will transport the child by ambulance to the Latrobe Hospital.

Other desired procedures: \_\_\_\_\_

Medical Condition(s): \_\_\_\_\_ Current Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_ Date of Last Tetanus Shot: \_\_\_\_\_

The following medication is the ONLY medication on hand at EWCTC. Please initial the medications that the office staff may disperse to your son/daughter. Tylenol \_\_\_\_\_ Pepto Bismol \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

|   |                                    |
|---|------------------------------------|
| Last Name _____ First Name _____ MI _____ | <b>EWCTC EMERGENCY INFORMATION</b> |
|---|------------------------------------|

Student Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_ Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City-State-Zip \_\_\_\_\_ Telephone Number \_\_\_\_\_

Racial/Ethnic Background: White/Caucasian ( ) Black ( ) Hispanic ( ) Pacific Asian ( ) American Indian ( )

Student receives free or reduced lunch ( ) Student does not receive free or reduced lunch ( )

High School \_\_\_\_\_ EWCTC Program \_\_\_\_\_ Session: \_\_\_\_ AM \_\_\_\_ PM \_\_\_\_ Block

**FAMILY INFORMATION**

**Mother/Guardian**

**Father/Guardian**

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Student lives with: Father & Mother \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Emancipated \_\_\_\_\_ Guardian \_\_\_\_\_

Please list any custody limitations: \_\_\_\_\_

List any additional information concerning your child: \_\_\_\_\_

\_\_\_\_\_