HURON AREA TECHNICAL CENTER
PARENT/GUARDIAN AUTHORIZATION

STUDENT INFORMATION:

STUDENT NAME_____ BIRTH DATE_____

HOME DISTRICT_____ HATC PROGRAM_____

RESIDING ADDRESS_____ CITY_____ STATE_____ ZIP_____

PHONE_____ CELL_____ E-MAIL_____

CONTACT INFORMATION:

CONTACT #1:_____ RELATIONSHIP_____

PHONE #1_____ PHONE #2_____ E-MAIL_____

STREET_____ CITY_____ STATE_____ ZIP_____

EMPLOYER_____ WORK #_____

CONTACT #2:_____ RELATIONSHIP_____

PHONE #1_____ PHONE #2_____ E-MAIL_____

STREET_____ CITY_____ STATE_____ ZIP_____

EMPLOYER_____ WORK #_____

STUDENT RESIDES WITH: FATHER / GUARDIAN____ MOTHER / GUARDIAN____ OTHER_____

EMERGENCY INFORMATION

As a student at the Huron Area Technical Center, your son/daughter may be exposed to a certain amount of hazard in the use of tools and equipment. In an effort to insure the safety and well being of all students, the following information is mandatory before a student may be enrolled in or admitted to a class. The Huron Intermediate School District may apply or seek first aid and/or emergency treatment by authorized/qualified individuals in situations deemed necessary. I give my permission for my child to receive treatment by hospital medical staff at the Huron Medical Center, or a hospital outside the Bad Axe area should an emergency take place during an off campus activity.

In case of an **EMERGENCY** situation when we cannot reach you at home or work, please list two people who have agreed to take responsibility for your child and consented to the release of their phone number(s) so we may reach them as an alternative.

CONTACT #1 Name_____ Relationship_____

Home Telephone_____ Cell Phone_____

CONTACT #2 Name_____ Relationship_____

Home Telephone_____ Cell Phone_____

Medical Concern: (check as applicable)

____ Diabetic ____Allergies (please list): _____; ____Asthma ____Seizures

Required Emergency Supplies: Located in Backpack? Yes or No (please circle one)

____Sugar Source ____Epi Pen ____Inhaler ____Other (please list):_____

Other Medical Concerns (please list):_____

Family Physician's Name_____ Telephone_____

Medical Insurance Carrier_____ Policy/Group #_____

STUDENT/PARENT/GUARDIAN SIGNATURE FORM

The Huron Intermediate School District (**PLEASE CHECK**)

a. ( ) may ( ) may not: take my child on a program related field trip/educational activity within Huron County using HISD transportation/Thumb Area Transit.

b. ( ) may ( ) may not: use photos of my child for the purpose of public relations, brochures, slide and tape presentations, etc.

I have received a copy of the Huron Area Technical Center Student/Parent/Guardian Handbook. I understand the policies and procedures and agree to abide by the student rights/responsibilities as outlined in the HATC Student/Parent/Guardian Handbook, as well as the specific rules and regulations that apply to CTE programs.

Student Name (print)	Student Signature	Date
Parent/Guardian Name (print)	Parent/Guardian Signature	Date