

HURON AREA TECHNICAL CENTER ADULT STUDENT AUTHORIZATION

STUDENT INFORMATION:

STUDENT NAME _____ BIRTH DATE _____
CTE PROGRAM _____
RESIDING ADDRESS _____ CITY _____ STATE _____ ZIP _____
PHONE _____ CELL _____ E-MAIL _____

EMERGENCY INFORMATION

As a student at the Huron Area Technical Center, you 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 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 please list two people who have consented to the release of their phone number(s) so we may contact them.

CONTACT #1 Name _____ Relationship _____

Home Telephone _____ Cell Phone _____

CONTACT #2 Name _____ Relationship _____

Home Telephone _____ Cell Phone _____

PLEASE INDICATE MEDICAL HISTORY OR OTHER MEDICAL CONDITIONS / ALLERGIES _____

Family Physician's Name _____ Telephone _____

Medical Insurance Carrier _____ Policy/Group # _____

STUDENT SIGNATURE FORM

The Huron Intermediate School District (PLEASE CHECK ONE)

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

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

Student Name (print)

Student Signature

Date