

**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