

# Tri-Tech Skills Center

## **EMERGENCY INFORMATION**

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

Student's Name \_\_\_\_\_ High School \_\_\_\_\_ grade 24-25 \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

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 contract 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 HEALTH PROBLEMS (asthma, epilepsy, diabetes, heart condition, etc.) below. If you have any of these conditions, please explain what happens.

Printed Name of Parent/Guardian \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_