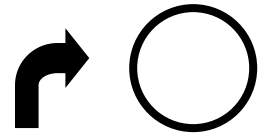


# Career Center Information Sheet

2025-2026



Home School Here  
SR SK WE CC

Please return this form to your first Career Center class teacher on the first day of school.

Place the first letter of your last name here.

## Medical Release

Name: \_\_\_\_\_ Grade \_\_\_\_\_ Full time \_\_\_ AM only \_\_\_ PM only \_\_\_  
Last First Middle

Address: \_\_\_\_\_ Student Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Parent Phone: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Mother's Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctors Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: Billings Clinic \_\_\_ St. Vincent \_\_\_ Walk-in \_\_\_ Other \_\_\_\_\_

### Emergency Medical Authorization:

*In order that proper emergency medical assistance may be provided to your son or daughter in the event of an illness or accident, we ask that you please sign and return this sheet to the Billings Career Center Immediately.*

⇒ In an emergency: (Check only one and sign please)

\_\_\_\_\_ I AUTHORIZE treatment at the medical center I have indicated above.

\_\_\_\_\_ Emergency medical assistance may NOT be provided to my son/daughter in the event of an illness or accident.

⇒ Parent/Guardian: Signature: \_\_\_\_\_

Please note any specific medical conditions that require special attention: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Career Center Handbook Signoff

The student handbook is available on the Career Center website at <http://www.billingssschools.org>.  
You may obtain a printed handbook at the main office.

I have read the Career Center Student Handbook and I am aware of the contents.

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

⇒ Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Parent / guardian signatures needed*