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Career Center Information Sheet 2026 - 2027

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 web-site at <http://www.billingsschools.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