

SCHUYLKILL TECHNOLOGY CENTER

EMERGENCY CONTACT

Important: Please notify your school immediately if any information changes.

1. STUDENT INFORMATION

First Name:	Middle Name:	Last Name:	
Address:	Town:	State:	Zip:
Home Phone #: ()	Social Security #:		
Birth Date:	Age:	Race:	Sex:
Home School District:	Grade:	Level:	Shop:

2. PARENT/GUARDIAN INFORMATION (PLEASE PROVIDE PHONE #'S DURING SCHOOL HOURS)

Father's Name:	Email:		
Home Phone #: ()	Cell Phone #: ()		
Address:	Town:	State:	Zip:
Employer:	Work Phone #: ()		Ext:
Mother's Name:	Email:		
Home Phone #: ()	Cell Phone #: ()		
Address:	Town:	State:	Zip:
Employer:	Work Phone #: ()		Ext:

3. IF NOT LIVING WITH PARENTS, COMPLETE THE FOLLOWING

Guardian(s) Name:	Relationship:		
Home Phone #: ()	Cell Phone #: ()	Work Phone # (w/ext.):	
Address:	Town:	State:	Zip:

Parents or guardians listed above have permission to pick up the child, unless otherwise indicated. Notify the school principal immediately if there are any court orders restricting non-custodial parents or others from contact with the child. Provide the principal with a copy of the order.

4. CONTACT INFORMATION (Designate 2 People)

Those designated below are authorized to pick up my child from school in case of an emergency when a parent/guardian cannot be contacted:

1. Name:	Relationship:		
Home Phone #: ()	Cell Phone #: ()	Work Phone # (w/ext.):	
2. Name:	Relationship:		
Home Phone #: ()	Cell Phone #: ()	Work Phone # (w/ext.):	

5. EMERGENCY INFORMATION

In a medical emergency, we hereby authorize the school district to seek emergency medical assistance for our child if we cannot be reached. In the event of a medical emergency, student will be transported to closest emergency room via ambulance.

Hospital preference: *Schuylkill Health East:* _____ *Schuylkill Health South:* _____ *Other:* _____

Parent/Guardian Signature:	Date:
Instructor Signature:	Date:

Parent(s)/Guardian(s):

It is imperative that students desiring instruction in our school obtain written parental approval and establish procedures for an emergency situation. This form will serve this purpose. It should be completed and returned promptly. This is to certify that the above named student has permission to be enrolled as a trainee in the Schuylkill Technology Center's program and is permitted to operate pertinent power tools, equipment, and/or electrical apparatus under the proper instruction and supervision of an instructor.

It is our policy to teach good safety practices and to emphasize them constantly throughout the instructional period. Every precaution is taken to avoid accident or injury. *When accidents occur, first aid will be rendered but parents must realize that medical treatment becomes their responsibility.* We urge you to investigate your local school student insurance program and to avail yourself of the services if you deem them feasible.