## **Foster Career and Technical Education Center**

129 Seamon Road, Farmington, ME 04938 207-778-3562

FCTEC Program(s)				
Emergency Contact and Medical	Information			
Student's Name	Date of Birth			
Student Cell Phone	Student emai			
( ) Please text me, check box if yes				
Parent's/Guardian's Name	Parent/Guardian's Name			
Home Phone Cell Phone	Home Phone Cell Phone			
() Please text me, check box if yes	( ) Please text me, check box if yes			
Address	Address			
City, State, Zip Code	City, State, Zip Code			
E-mail	E-mail			
Alternate Emergency Contact				
Primary Emergency Contact	Secondary Emergency Contact			
Home Phone Cell Phone	Home Phone Cell Phone			
Address	Address	_		
City, State, Zip Code	City, State, Zip Code			

## **Medical Information**

Hospital/Cl	inic Preference			
Physician's	Name	Phone Number		
Insurance Company		Policy Number		
Allergies/Sp	pecial Health Considerations			
<u>By s</u>	igning this form, I agree to the f	ollowing:		
*Atte work 2. Fost stud Stud scho 3. I gra publi 4. I gra at or 5. I give indiv	endance is extremely important! If when a student misses a hand or Career and Technical Educat ents are expected to use the tra- ents wishing to drive must follow fol AND of FCTEC. Int permission for the use of my ficity or action shots for the FCTI Int permission for my son/daugh in-site work locations. It is permission for my child to go of fiduals form liability in case of ar	It is difficult to assign meaningful make up s-on learning opportunity. Ition Center's Transportation Policy *All insportation provided by their school. In the protocol and policies of their high son's/daughter's picture in relation to school EC website and social media accounts. Iter to use power equipment at FCTEC and the naccident during activities related to safety procedures have been taken.		
Student Sig	ınature	Date		
Parent/Gua	ırdian Signature	 Date		