



2018 Careers in Water – Learn & Earn

PARENT/GUARDIAN MEDICAL PERMISSION SLIP

Date _____

Name of Student _____
(Last) (First) (Middle)

Address of Student _____ Phone# _____

If I am accepted into the Careers in Water program, I promise to obey all Rules and Regulations. I understand that a failure to obey them will result in my dismissal from the program.

Student Signature _____

PARENT'S CONSENT AND EMERGENCY INFORMATION

I/we give permission for _____ to participate in the Careers in Water program. I/we acknowledge that even within the best working environment injuries are still a possibility. I/we understand that a current physical examination and appropriate insurance is required and evidence of such must be provided as noted below.

Name of Insurance Company _____ Policy or ID # _____

Do you carry school Insurance? ____yes ____ no

Family Physician _____ Phone _____

Please list any health issues (asthma, heart disease, diabetes, etc.) _____

Allergies _____ Medications _____

Date of Last Tetanus Shot _____

In case of emergency, contact 1st _____ Phone _____
(Name)

2nd _____ Phone _____
(Name)

In the event of any emergency requiring medical attention, I grant permission to have my child transported by a licensed medical transport (ambulance) to the closest hospital: ____yes ____no

I/we acknowledge the I/we have read and understand these requirements and warnings.

Date

Parent or Guardian