



WINDHAM REGIONAL
CAREER CENTER

**WINDHAM REGIONAL CAREER CENTER
OFF- CAMPUS ACTIVITY AUTHORIZATION
2024-25**

Name of Student _____ Age ____ Grade _____
Date of Birth _____ Home School _____

I, as a parent having legal custody of my child, or as court- appointed guardian, do hereby authorize my child, whose name appears above to participate in the _____ program which may include transportation, use of equipment, use of facilities, and any necessary preparatory activities.

All students are expected to act in a reasonable and responsible manner; and to abide by all instructions and rules of behavior given him/ her by the school or family.

Parent/ Guardian Name(s) _____
(please print)

Address _____ Daytime Phone _____
_____ Evening Phone _____

Person to be contacted in an emergency (if parents are unavailable):

_____ Phone _____

Medical Insurance Company _____ Policy No. _____

Agent's Name _____ Phone _____

Physician's Name _____ Phone _____

In case of illness, injury, or other emergency, while participating in the _____ Program, I authorize the Windham Regional Career Center staff to take my child to a hospital or doctor for treatment, or take other appropriate action.

Please list any allergies:

Please list any restrictions on food or activities advised by the student's physician or family:

Please add further information on the reverse side or separate sheet.

SIGNED: _____ DATE: _____
(parent/guardian signature)