

Parental/Guardian Consent of Authorization

This is to certify that _____ has permission to
(Student's Full Name)

participate in a program of study that may involve operation of power machinery, working with electrical apparatus, and/or selected projects of education value under the supervision of an approved instructor.

I consent to allow my son/daughter to receive emergency first aid at Western Area CTC in the event of sudden illness or accident. If his/her condition should require treatment by a doctor and one of the persons listed on the emergency information card cannot be reached, I further give permission for him/her to be transported by an ambulance to the nearest hospital available. I will assume necessary expense if any.

I have a preference that _____ Hospital be used.
Health Insurance Company _____

I certify that I am legal parent/guardian of the above mentioned child.

Signature of Parent/Guardian

Date

E.O.E.

7/20/10