

Student Name \_\_\_\_\_

High School \_\_\_\_\_

## Attention: Parents/Guardians

Your son/daughter recently attended a presentation regarding opportunities available through Eastland-Fairfield Career & Technical Schools and your high school. If you're reading this, your student is interested in a field trip to explore our options. We thought you might like to know a little about us before you sign. Eastland-Fairfield Career & Technical Schools is a great place to learn, build experience, and explore a career before entering college, technical school, or the workforce. We offer programs in the traditional trades and licensed professions, college-level programs, and programs for students with special educational needs.



## Our Focus. Your Future.

Eastland-Fairfield programs allow students to immerse themselves in a career field or profession, spending a half-day learning hands-on and gaining real-world experience. Our classrooms and labs are equipped with the latest technology. Career Technical Education focuses on the standards required in the workplace. Combine that with top-notch academics, and you have what employers call added value. Not only do Eastland-Fairfield programs prepare students for further study, but many also allow students to earn college credits or enter college in advance standing.

## Permission & Emergency Info

In the event that reasonable attempts to contact me at the listed phone numbers have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by my preferred physician/preferred dentist, or in the event of the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of my child to my preferred hospital, or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

## Emergency Contact Information

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

Alternate Phone Number \_\_\_\_\_

Preferred Physician \_\_\_\_\_

Phone Number \_\_\_\_\_

Preferred Dentist \_\_\_\_\_

Phone Number \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

**Check here if you do not give consent** for emergency medical treatment of your child. In the event of illness or injury requiring emergency treatment, school authorities should take no action

**By signing below, you are giving your child permission to attend the program visitations** at Eastland Career Center, Fairfield Career Center, and/or one of the satellite program schools located at an off-site location. You also give permission for your child to be contacted via email and/or text message by EFCTS to facilitate the visit and/or any future communications, if necessary. *(Sign below and return this form to the school counselor.)*

\_\_\_\_\_  
Parent/Guardian Name (please print)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime Phone Number