



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 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)