

**BOTH SIDES TO BE COMPLETED  
AND SIGNED BY PARENT OR GUARDIAN**

**REGION TWO SCHOOL OF APPLIED TECHNOLOGY**

**PROOF OF INSURANCE SLIP**

Name \_\_\_\_\_

has my permission to operate the machines and tools in the Applied Technology program which he/she is enrolled in for the year 2012-2013. In case that an accident should occur we prefer that he/she receive medical treatment from Dr. \_\_\_\_\_.

This also certifies that my son/daughter, \_\_\_\_\_, is covered by a health insurance policy for the 2012-2013 school year, issued by \_\_\_\_\_

\_\_\_\_\_.

Signed by parents or legal guardian:

\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_

Instructor \_\_\_\_\_

Applied Technology Program \_\_\_\_\_

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**REGION TWO SCHOOL OF APPLIED TECHNOLOGY  
P.O. BOX 307, HOULTON, ME 04730  
PHONE: 532-9541**

TO: \_\_\_\_\_ Hospital

FROM: The Region Two School of Applied Technology Cooperative School Board

**RELEASE FOR TREATMENT OF MINORS IN ABSENCE OF PARENT**

DATE: \_\_\_\_\_

TO WHOM IT MAY CONCERN:

I hereby give permission to the Staff of \_\_\_\_\_ Hospital to treat  
my child/children \_\_\_\_\_

(Names)

for any condition which requires authorization during the school year.

My child/children may be treated by \_\_\_\_\_

(Doctor's name)

or any physician on the medical staff.

COMMENT (Allergies, Medications, Medical Problems, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Parent's Signature)

\_\_\_\_\_  
(Relation to Child/Children)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Date)