

**BOTH SIDES MUST BE COMPLETED  
AND SIGNED BY PARENT OR GUARDIAN  
BEFORE STUDENT IS ALLOWED IN SHOP AREA**

**REGION TWO SCHOOL OF APPLIED TECHNOLOGY**

**PROOF OF INSURANCE SLIP**

(Student Name) \_\_\_\_\_  
has my permission to operate the machines and tools in the Applied Technology program  
which he/she is enrolled in for the school year. 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 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)