



# CREC Academy of Science and Innovation

## Parent/ Guardian Permission to Shadow Day & Medical Consent Form

**\*Completed forms must be returned electronically to [ewilson@crec.org](mailto:ewilson@crec.org).**

**Student Name:** \_\_\_\_\_

**Current Grade:** \_\_\_\_\_

**Current School:** \_\_\_\_\_

**Town:** \_\_\_\_\_

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

**Home#:** \_\_\_\_\_

**Work#:** \_\_\_\_\_

**Cell#:** \_\_\_\_\_

**In case of an emergency please list three people that can be contacted and have permission to pick up you child:**

**Emergency Contact Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_

**Medical Insurance Company:** \_\_\_\_\_ **Insurance Membership Number:** \_\_\_\_\_

**Name of Physician:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

1. Any medical concerns allergies: \_\_\_ Yes or \_\_\_ No

If yes please Explain: \_\_\_\_\_

2. Does the student have any activity restrictions: \_\_\_ Yes or \_\_\_ No

If yes please Explain: \_\_\_\_\_

3. Does the student require EPI-PEN or inhaler? \_\_\_ Yes or \_\_\_ No

If yes please Explain: \_\_\_\_\_

4. Does the student have an IEP or 504 Plan? \_\_\_\_\_

If so, has the school received a copy of the plan? \_\_\_ Yes or \_\_\_ No

I hereby give authority to CREC Academy of Science and Innovation to grant permission to a medical doctor to examine and treat my child in case of any injury received while on the visit.

\_\_\_\_\_  
Parent Signature (electronic is fine)

\_\_\_\_\_  
Date

**\*Please understand that parents/guardians are responsible for providing transportation for their child on the shadow date. Shadowing students **will not** be permitted to board an ASI bus/van.**