



Division of Student Programs and Services  
Career Technical Education

## CTE Information and Authorization Form

Date: \_\_\_\_\_ Home School: \_\_\_\_\_ Counselor: \_\_\_\_\_ Grade: \_\_\_\_\_

CTE Class: \_\_\_\_\_ Location: \_\_\_\_\_ Time: \_\_\_\_\_ Teacher: \_\_\_\_\_

Student Name: \_\_\_\_\_ Birthdate (mm/dd/yyyy): \_\_\_\_\_

Student Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**Emergency Information:** If my son/daughter or myself (if student is 18 years of age) needs emergency medical attention or has any other emergency, and if neither parent/guardian can be reached, the following people will provide care for him/her or me. My son/daughter may be released to the custody of the named emergency contact person(s).

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**Permission to Call:** If my son/daughter or myself (if student is 18 years of age) needs emergency medical attention and I cannot be reached, I give CTE authority to call and arrange ambulance transport, if needed: ☐ Yes ☐ No

Family Doctor Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

☐ Yes ☐ No CTE designated emergency clinic/hospital.

☐ Yes ☐ No In the event of an extreme emergency, I give my permission for emergency medical treatment.

### Medical History:

Please list any medical alerts: \_\_\_\_\_

Please list any allergies: \_\_\_\_\_

**Authorization to Photograph:** I hereby authorize the Riverside County Superintendent of Schools full and absolute permission to take, or contract with others to take, photographs and/or videotapes of my child/minor of whom I am the legal guardian or myself (if student is 18 years of age) in an educational environment. Such photographs and/or videotapes may be published in any media form by the Riverside County Superintendent of Schools for educational and/or public information purposes without compensation or liability from such use.

Initial: \_\_\_\_\_

**CTE Grading Procedures, Rules, and Course Requirements:** I have reviewed the CTE course outline regulations, grading procedures, harassment policies, and class requirements for the above CTE class. Without reservations, I hereby agree to comply with these rules as well as any other laws and regulations that apply to, or govern my participation in the CTE training program. I understand that failure to follow class rules and procedures will result in disciplinary action and possible termination from the training program. I understand that good attendance is essential to program success and that students who exceed three unexcused absences may be dropped from the program.

Initial: \_\_\_\_\_

I have read and understand all of the above requirements. I further understand and agree that the above information will become part of my student file, which may be shared with other education agencies and training site personnel who will be involved in my training program. I certify that the above information is correct, and I agree to notify CTE immediately regarding any changes.

Date: \_\_\_\_\_ Signature of Legally Responsible Person: \_\_\_\_\_