



Quinebaug Middle College
SHADOW PERMISSION AND
INFORMATION FORM



Student Information

Child's Name:

Current Grade:

Current School:

Student Address:

Student Zip Code:

Student Town:

Contact Email:

How did you hear about the shadowing program?

In case of Emergency call:

Name:

Name:

Relationship:

Relationship:

Phone:

Phone:

By signing this form, you give permission for your child to shadow a QMC student.

Parent Signature

Signature of School Official

Health Office Information

As an additional safeguard regarding health issues, please contact our school nurse at 860-932-4117 to notify her of any health conditions, and complete the following information.

Does your child have any of the following?

1. Health conditions/concerns/accommodation needs? If yes, please explain.

2. Does your child have any allergies?
 - a. Bees? Yes No
 - b. Food? Yes No
 - i. If yes, please list the food allergy, and your child's reaction?

 - ii. If yes, what is the treatment?

If your child needs medication administered while shadowing at QMC, please provide specific instructions and a completed medical authorization form.

Parent Signature

Signature of School Official