



Canyons Technical Education Center

Todd Butler, Medical Assisting

825 East 9085 South • Sandy, Utah 84094

Phone: 801.826.6600 • FAX: 801.826.6609

Student Information Sheet

Class Instructor: Todd Butler

Class Session: AM / PM

Parent: Due to your student's illness or emergency, it may be necessary to contact you at home or work. Please fill out this form completely, **SIGN** and return to the instructor.

Student Name: _____ Grade: _____

Student ID# _____ Gender: Male Female Birth Date: _____

Home High School: _____ Home Phone _____

Home Address: _____ City: _____ Zip: _____

Father's Name: _____ Work#: _____ Cell#: _____

Mother's Name: _____ Work#: _____ Cell#: _____

Student's Cell#: _____

Students lives with _____ Student SLCC S# _____

Student e-mail _____ Parent e-mail _____

IN CASE OF AN ACCIDENT, ILLNESS, OR EMERGENCY SCHOOL CLOSURE, I give permission to contact and/or release my student to person(s) listed below:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

In case we cannot contact you, do we have your permission to contact a physician in an emergency? YES[] NO []

Physician's Name: _____ Phone#: _____

Are there any needs, interests, or challenges that you would like me to know about?

Parent/Guardian Signature: _____ Date: _____

Medical Assisting Check List

Please Complete and Return the Following Forms:

- Student Profile—Back of this Page
- Class Disclosure
- Receipt of Payment for required Curriculum and fees, pay at front office
- Drug Screening
- Transmitted Diseases
- Clinical Experiences
- Human Sexuality
- Internet Conduct

and

- Copy of State Issued ID—Driver's License
- Proof of Health Insurance
- Copy of Immunization History and immunization checklist