

THE WOODSTOCK ACADEMY "SHADOW"
PERMISSION FORM

(To be presented to the Counseling Office at Woodstock Academy on the morning of the scheduled shadow appointment).

My son/daughter (name) _____ who currently attends Grade ____ at _____ (school), has permission to shadow a Woodstock Academy student on (date) _____. He/she will be transported via _____.

Parent Signature

Signature of **Current School counselor or official**

Student Address: _____
Address town zip

Contact Email: _____

How did you hear about the Shadowing Program? _____

IN CASE OF EMERGENCY CALL:

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

HEALTH OFFICE

As an additional safeguard regarding health issues, **please contact our school nurse at 860-928-6575 Option 4** to notify her of any health conditions and complete the following information:

Does your child have any of the following?

1. Health conditions/concerns/accommodations needed? Yes _____ No _____ If yes, please explain _____

2. Does your child have any allergies? Bees? Yes _____ No _____
Food? Yes _____ No _____
If yes, what is the reaction? _____
If yes, what is the treatment? _____

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

Parent Signature _____ Date _____

No Shadowing in September, June or during exams and preceding week of exams, Advisory Wednesdays and Fridays.