

Griswold High School

Student Shadow Information Form



Griswold High School understands that choosing the right high school is very important. One way for a prospective student to get an accurate impression about what GHS has to offer is to shadow a current student for a full school day. It's a great way to *live a day in the life* of a GHS student. In order for us to help make your child's visit a successful one, please complete this form and return it to our school counseling office prior to scheduling a day to shadow. The form can be brought in, mailed to GHS, or emailed to our School Counseling Secretary, Mrs. Melgey, at DMelgey@griswoldpublicschools.org. Based on your responses, we will build the best opportunity for your child to see what we have to offer!

Parent/Guardian's Name: _____

Address: _____

Phone Number: _____

Student's Name: _____

Date of Birth: _____

Student's personal or career interests (i.e., sports, music, art, academics, college, goals beyond high school, etc.)

Any specific needs your child may need (does your child have any special education, physical mobility, or other individual needs that we should consider?)

Does your child have any medical needs that we should be aware of? (i.e., diabetes, allergies, medications, etc.)

(If there are any medications that your child will require while visiting GHS, a parent/guardian will need to provide them to the Griswold school nurse on or before the day of the shadow along with a copy of the *authorization to administer medication in school form* (may be faxed by the sending town school nurse)).

Emergency information on the back



Just in case something unexpected happens...

In case of emergency, I give the on duty nurse and the administration of Griswold High School, Griswold Public Schools, Griswold, CT 06351, permission to administer first aid to my child. In accordance with the actions taken by the above mentioned people, I will not hold them responsible for any decisions they make. I give my permission for the school nurse at Griswold Public Schools to administer medication as prescribed by my child's healthcare provider.

Parent/Legal Guardian Signature

Date

Student Signature

Date

In the event it is impossible to reach the parent/guardian listed above, please list 2 contacts.

Name _____
Address _____

Phone _____
Relationship _____

Name _____
Address _____

Phone _____
Relationship _____