

Greg Landry's

LAB INTENSIVES INFORMATION FORM 2025-2026

Please print, complete, and bring this form with you to the Intensive—it's required for participation.
PLEASE print clearly, and please be sure to provide all requested information. Thank you!

Student's Name: _____

Parent(s) or Guardian(s) Name(s): _____

Your Town and State: _____ Parent Phone #: _____

Dates of Intensive you're attending: _____

In Case of Emergency, Notify:

#1 _____
name & relationship *phone number*

#2 _____
name & relationship *phone number*

Any current or past health conditions that we (or physicians in case of emergency) should be aware of? Yes No

If yes, please describe: _____

Any allergies to medications? Yes No

If yes, please list here: _____

Age of Student (as of the date of this intensive): _____

Student's Academic/Career Interests: _____

Other Comments? _____

The teacher will take steps to make this lab intensive as safe as possible. I understand that my child must abide by the guidance and direction of the teacher for safety and in the interest of making this lab intensive a good experience for all students. I understand that my child's failure to adhere to safety or behavior guidelines may result in immediate dismissal from the intensive and that I will be responsible for providing immediate pick-up once I have been notified. I agree to indemnify and hold harmless Greg Landry and staff from and against any claims for personal illness or injury that my child may sustain during this intensive. I give permission for my child's photograph to be used in promotional materials for the intensives.

GENERAL HEALTH PRECAUTIONS

In the interest of every student's health and staff health, we ask that:

1. Your student has not had a known exposure to any contagious illness in the five days prior to the lab intensive.
2. Your student does not have any contagious illness symptoms at the lab intensive drop-off and has not had any contagious illness symptoms in the 48 hours prior to the lab intensive.

My child: → DOES DOES NOT have permission to participate in the "blood typing" and "blood glucose pancreas" experiments, which require finger sticks to obtain a drop of blood. (please circle one)

Parent/Guardian (printed) _____

Parent/Guardian Signature _____ Date _____