

PARENT/GUARDIAN CONSENT FORM

Your son or daughter has been invited to attend Healthcare Career Day Event at Cohen Stadium. He or she will be assigned to a Jobsite Host who will lead him or her on a tour of the various careers available in Healthcare. They will discuss typical Healthcare careers and explore different aspects of working in the Healthcare industry and what skills they are learning in school that are needed in the working world. **Health Careers from both college bound and technical training programs will be highlighted and scheduled.** They will then join classmates, other area students, teachers and jobsite hosts for a lunch. The student's school will provide transportation. In order for your child to participate, this form must be filled out and returned to his or her teacher before the date of the event.

Permission to Participate in the Healthcare Career Day

My son/daughter, _____, may participate in Healthcare Career Day Event, which will take place at Cohen Stadium on Wednesday, October 27, 2004 between the hours of 10:00 a.m. and 2:00 p.m.

Permission to travel to Cohen Stadium.

I understand that my son/daughter, _____, will travel to Cohen Stadium under the supervision of school staff.

Photo Release

I understand that Career Day Events attract attention from the media and are also used to promote partnerships between schools and employers, so there is a possibility that children will be photographed during their experience. I grant permission to photograph my son/daughter, _____, for event promotional and educational purposes only.

SIGNATURE OF PARENT OR GUARDIAN

DATE

Parent/Guardian Permission Slip must be returned to College Tech-Prep Staff on Day of Event

Student Registration Form



HETCAT West Region



Name: _____
Home Address: _____
City/State: _____ / _____ Zip: _____
School District: _____
School: _____
Instructor: _____

The information requested below is **optional**. It would be appreciated if you provide it. The information is to be used **only** for reporting and planning and will not be used for any other purpose. Thank you for your consideration. Any questions or concerns about this form may be directed to the College Tech-Prep Office 915-780-6501.

Student Grade Level _____ Age _____ Gender (Male or Female) _____

Race/Ethnicity (Check the category that applies)

____ Hispanic, ____ Caucasian, ____ African American, ____ Native American, ____ Asian American, ____ Other