DACC | DELAWARE AREA CAREER CENTER

South Campus | 4565 Columbus Pike | Delaware, Ohio

9th Grade | Engineering Technology Visit

Wednesday, January 10, 2018

8:00-10:45am, DACC South Campus

PRINT First Name: ____

PRINT Last Name: ____

Street Address ____

City _________________________ Zip ___________ Cell Phone: (_______) __________________________

Personal E-Mail Address ____

Parent E-Mail Address ____

Please check your home school district

__ Big Walnut

__ Buckeye Valley

__ Delaware City

__ Olentangy Liberty

__ Olentangy High School

__ Olentangy Orange

__ Other____________________

__ Ohio School for the Deaf

__ Thomas Worthington

__ Westerville Central

__ Westerville North

__ Westerville South

__ Worthington Kilbourne

Please see back side for permission form

- Completed form must be **turned in to your school guidance office** no later than Friday, Jan. 5, 2018
- Provide a copy of the form to your attendance office at your high school for an excused absence.
- This Engineering Technology visit will be **8:00-10:45am** at DACC South Campus, 4565 Columbus Pike, Delaware
- Students departs from home school at __________am and takes bus number ________ to DACC South Campus. Student will be dismissed from DACC at _________am to take bus back to school.

Teacher Permission

Teacher	Assignment	Teacher's Signature

Emergency Medical and Permission Form

In the event that reasonable attempts to contact me at the listed phone numbers have been unsuccessful, I hereby give my consent for (1) administration of any treatment deemed necessary by my preferred physician or dentist; and (2) the transfer of my child to my preferred hospital, or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Emergency Contact Information

Emergency Contact Name ___________________________________Relationship to Student__________________
Daytime Phone Number _____________________________________Alternate Phone Number _______________
Preferred Physician_______________________________________Phone Number _______________________
Preferred Dentist____Phone Number________________________
Preferred Hospital____Phone Number________________________

____Check here if you **do not** give consent for emergency medical treatment of your child. In the event of illness or injury requiring emergency treatment, school authorities should take no action or: ____.

By signing below, you are giving your child permission to visit Delaware Area Career Center.
Sign below and return this form to the guidance counselor.

____ ________________________________
Signature of Parent/ Guardian Date

____ ________________________________
Parent/ Guardian Name (Please Print) Daytime Phone Number

If you have any questions, please contact:

Marsha Link 740.201.3215 linkm@DelawareAreaCC.org

The Delaware Area Career Center (DACC) affirms that equal opportunities are offered without regard to race, color, religion, sex, military status, national origin, disability, age, and ancestry of person. For more information, visit our website at www.DelawareAreaCC.org