11th Grade Pharmacy Technician Preview Day

Wednesday, January 30, 2019
8:00-10:45 a.m.

DACC
DELAWARE AREA CAREER CENTER
DACC South Campus

PRINT First Name _____

PRINT Last Name _____

Street Address _____

Home School _____

City _____ Zip _____ Cell Phone: (____) _____

Personal E-Mail ***(Do not use school issued e-mail address)*** _____

Parent E-Mail _____

Please see back side for permission form

- Completed form must be **turned in to your school counseling office** no later than Friday, Jan. 25, 2019.
- Provide a copy of the form to your attendance office at your high school for an excused absence.
- This Pharmacy Technician Preview Day will be 8:00-10:45 a.m. at DACC South Campus, 4565 Columbus Pike, Delaware, OH 43021.
- **Please meet with your school counseling office to understand transportation procedures BEFORE the day of visit.**

DACC | DELAWARE AREA CAREER CENTER

If you have any questions, please contact:
Mary Siekman, Enrollment Coordinator, 740-201-3224, SiekmanM@DelawareAreaCC.org or
Tiffany McComas, Administrative Assistant to PR/Enrollment, 740-201-3216, McComasT@DelawareAreaCC.org

www.DelawareAreaCC.org

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:

_____

Medical Information

Please list any allergies: _____

Allergy treatment: _____

Please list any medication or any medical considerations: _____

_____

Parent/Guardian Permission

By signing below, you are giving your child permission to visit Delaware Area Career Center. Sign below and return this form to the home school counseling office.

_____ _____

Signature of Parent/Guardian Date

_____ _____

Parent/Guardian Name (Please Print) Daytime Phone Number

DACC | DELAWARE AREA™ CAREER CENTER

If you have any questions, please contact:

Mary Siekman, Enrollment Coordinator, 740-201-3224, SiekmanM@DelawareAreaCC.org or
Tiffany McComas, Administrative Assistant to PR/Enrollment, 740-201-3216, McComasT@DelawareAreaCC.org