

## 9<sup>th</sup> Grade | Engineering Technology Visit

**Wednesday, Jan. 18, 2017**

**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

- |   |  |
|---|--|
| <input type="checkbox"/> Big Walnut               | <input type="checkbox"/> Olentangy Liberty     |
| <input type="checkbox"/> Buckeye Valley           | <input type="checkbox"/> Thomas Worthington    |
| <input type="checkbox"/> Delaware City            | <input type="checkbox"/> Westerville Central   |
| <input type="checkbox"/> Ohio School for the Deaf | <input type="checkbox"/> Westerville North     |
| <input type="checkbox"/> Olentangy High School    | <input type="checkbox"/> Westerville South     |
| <input type="checkbox"/> Olentangy Orange         | <input type="checkbox"/> Worthington Kilbourne |
| <input type="checkbox"/> Other _____              |  |

### Please see back side for permission form

- Completed form must be **turned in to your school guidance office** no later than Friday, Jan. 13, 2017
- Provide a copy of the form to your attendance office at your high school for an excused absence.
- This Engineering Technology visit will be **8:00-10:47am** 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](mailto: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](http://www.DelawareAreaCC.org)