



DELAWARE AREA
CAREER CENTER

South Campus | 4565 Columbus Pike | Delaware, Ohio

9th 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

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