GREENE COUNTY
CAREER CENTER

CAREER AWARENESS DAYS PERMISSION SLIP

Dear Parent/Guardian:

Career Awareness Days are opportunities for sophomores in Greene County to learn about different careers and career paths and see, first hand, the opportunities the Career Center has to offer. Students are under no obligation to enroll at the Career Center after they visit the campus.

Career Awareness Days have been expanded to four days (January 15, 20, 21 and 22) and schools will be scheduled to bring only their students for the morning or afternoon on their assigned day. By expanding the number of days, it will be possible to limit the number of students in each session and follow the social distancing mandate. Students will also be required to have temperature checks upon arrival and will be required to wear masks in the building.

Please take a few minutes to review the program guide that was mailed on November 9, 2020. If you would like more information, visit www.greeneccc.com and click on the HS Admissions tab.

_____*has my permission to attend Career Awareness Days at the Greene County Career Center.*

_____ _____

Parent/Guardian Signature **Date**

EMERGENCY MEDICAL AUTHORIZATION

Student Name _____ **Birthdate** _____

Address _____

Purpose - To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

Parents or Guardians

Name _____ Daytime Phone _____

Name _____ Daytime Phone _____

Name _____ Daytime Phone _____

Other Emergency Contacts

Name _____ Daytime Phone _____

Name _____ Daytime Phone _____

PART I OR II MUST BE COMPLETED

PART I—TO GRANT CONSENT

I hereby give consent for the following medical care providers and local emergency medical services to be called:

Doctor _____ Phone _____

Dentist _____ Phone _____

Medical Specialist _____ Phone _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to 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.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted: _____

_____

Date _____ Signature of Parent/Guardian _____

PART II—REFUSAL TO CONSENT (do not complete if you have completed Part I)

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:_____

_____

Date _____ Signature of Parent/Guardian_____