Student Agreement / Parent Permission Form

What:	**Kaiser Permanente Career Day**
Date:	Wednesday, November 15, 2017
Check-in time:	8:45 am **Start/end time:** 9:00-12:00 pm
Registration closes:	**When filled. Seats fill fast!** Send a registration form and *await confirmation.*
Meeting location:	Main lobby of hospital, 10180 SE Sunnyside Rd. (Program will be held in the sim lab "Center for Innovative Medical Simulation," 10090 SE Sunnyside.)
Transportation:	Students are responsible for their own transportation to and from the event.
What to wear:	Dress is business casual. NO shorts, sweat pants, crop tops, caps/hats, t-shirts with objectionable logos/graphics or gum. Nice jeans are ok if clean.
For more information:	Visit www.portlandworkforcealliance.org/events for more information. **Students** should direct questions to their School Contact (career coordinator or teacher) **School Contacts** should direct questions to PWA staff (susan@portlandworkforcealliance.org)

By signing below the student and parent/guardian acknowledge the following:

- The student will attend and participate fully in activities and the entire program.
- The student will not be allowed to leave the premises or leave early; attendance will be taken periodically.
- The student agrees to conduct him/herself appropriately as representatives of his/her school.
- The student agrees to show respect for PWA and event staff, school personnel, and other students.
- The student will dress appropriately for the event. (See "What to wear" above.)
- The parent/guardian gives permission for the student's picture or video to be taken at the event and for those photos or recordings to be used for promotional and educational purposes.
- The parent/guardian gives permission for the student's name to be included on the participant roster that will be distributed to school contacts.
- Portland Workforce Alliance and other involved companies (named above) have no liability for this activity. Each participant is responsible for his/her own safety and agrees not to look to PWA or other involved parties with regard to liability for any claims related to participation in activities at the event.

STUDENT		
Student Name (Print):	School:	
Grade: □ 9 □ 10 □ 11 □ 12	Best way to reach you: □ Cell phone □ Email	
Cell phone:	Email (Print clearly):	
Student signature:		Date:
PARENT/GUARDIAN PERMISSION		
Parent/Guardian Name (Print):	Day phone:	
Alternate emergency contact name:	Day phone:	
Parent/Guardian signature:		Date:
SCHOOL CONTACT ENDORSEMENT		
School Contact Name (Print):	School job title:	
Day phone:	Email (Print clearly):	
School contact signature:		Date:

Email completed form (via scan or photo) to susan@portlandworkforcealliance.org