

STUDENT AGREEMENT PARENT PERMISSION FORM

What:	Kaiser Permanente Career Day		
Date:	Friday, February 8, 2019		
Check-in time:	8:45am in main lobby Start/End time: 9:00 am – 12:00 pm		
Registration closes:	When filled. Seats fill fast! Send a registration form and await confirmation.		
Meeting location:	Kaiser Permanente – 10180 SE Sunnyside Rd, Clackamas, OR 97015		
Transportation:	Students are responsible for their own transportation to and from the event.		
What to wear:	Dress to impress! Business casual attire is best. No shorts, sweat pants, crop tops, hats, t-shirts with objectionable logos/graphics or gum. Nice, clean jeans are ok.		
For more information:	Visit www.portlandworkforcealliance.org/events for more information.		
	Students should direct questions to their School Contact (career coordinator or teacher)		
	<u>School Contacts</u> direct questions to PWA staff (<u>career@portlandworkforcealliance.org</u>)		

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 permits the student's name to be on participant roster 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 regarding liability for any claims related to participation in activities at the event.
- The student will abide by employer non-disclosure policies, such as restrictions on taking photographs or sharing any proprietary information.

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:	
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PARENT/GUARDIAN PERMISSION			
Parent/Guardian Name (Print):	Day phone:		
Alternate emergency contact name:	Day phone:		
Devent (Consultant simulations)		Deter	
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 CAREER@PORTLANDWORKFORCEALLIANCE.ORG