

**What:** Legacy Health Career Day (Sim Lab) **Date:** Wednesday, February 27, 2019

**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:** Legacy Emanuel Medical Center – 2801 N Gantenbein Ave, Portland, OR 97227

**Transportation:** Students are responsible for their own transportation. PHS will try to provide transportation to a MAX station when possible; check with your College & Career Center. Tri-Met passes are always available in the Main Office.

**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.

**Absence Policy:** It is the student's responsibility to make arrangements with teachers to make up work for excused absences, with the understanding that some classroom activities do not lend themselves to make-up work. In these instances, an alternate assignment will be arranged with the teacher. Students have the number of school days missed plus one day to complete make-up work.

**For more information:** Visit [www.portlandworkforcealliance.org/events](http://www.portlandworkforcealliance.org/events) for more information.  
**Students** should direct questions to the College & Career Center.  
**School Contacts** should direct questions to PWA staff ([career@portlandworkforcealliance.org](mailto:career@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 permits the student’s name to be on participant roster distributed to school contacts.
- Portland Workforce Alliance and other involved companies and school districts (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.
- The student will abide by employer non-disclosure policies, such as restrictions on taking photographs or sharing any proprietary information.

STUDENT			
Student Name (Print):		Grade: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	
Best way to reach you: <input type="checkbox"/> Cell phone <input type="checkbox"/> Email	Cell phone:	Email (Print clearly):	
Student signature:			Date:
PARENT/GUARDIAN PERMISSION			
Parent/Guardian Name (Print):		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:

**TURN IN COMPLETED FORM TO:** Jessica Natonick at the College & Career Center ([jessica\\_natonick@parkrose.k12.or.us](mailto:jessica_natonick@parkrose.k12.or.us))