



HCI HEALTH CAREERS SUMMER ACADEMY 5TH & 6TH GRADERS

Parent/Guardian Agreement

I, (print parent/guardian name) _____
give my permission for my son/daughter/minor dependent, (print minor's name)
_____, to participate in the **Health Careers Academy**.

By signing below, I indicate that I have read and understand this agreement and that I
will support his/her participation by doing the following:

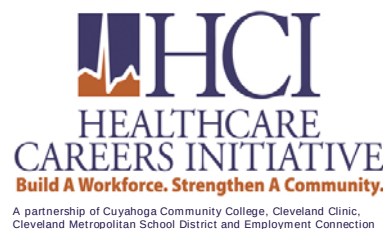
- promptly signing and returning any forms requiring my signature
- stressing appropriate dress/behavior as indicated in the Participant Handbook
- explaining the importance of teamwork and participation on their placement and encouraging my son/daughter/minor dependent to ask questions, participate and volunteer during the **Health Careers Academy Program**.
- abiding by all **Health Careers Academy** policies, procedures and decisions

Further, as this program is designed to provide a meaningful and practical educational experience for the student, I understand and approve of my son's/daughter/minor dependent's possible participation in activities such as those described in this application. I understand that Cuyahoga Community College will exercise reasonable care in the supervision of the student and the determination of his/her actual assignments during their participation in the program.

Signature of Parent/Guardian

Date

If you have any questions, please call 216-987-3009
**All completed forms are due
by April 29, 2011**
Cuyahoga Community College
Healthcare Careers Initiative
2415 Woodland Avenue
Cleveland, OH 44115
Forms may not be faxed.



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