

# VicTory 4 Kidz



YOUTH  
HEALTHCARE  
CAREER EXPO  
www.victory4kidz.net

## VicTory 4 Kidz Youth Healthcare Career Expo Permission Slip

Location: \_\_\_\_\_  
Date/s: \_\_\_\_\_

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Students are invited to participate in the Youth Healthcare Career Expo with 20-40 healthcare leaders/exhibitors providing essential career information. Students will learn about opportunities in Health Sciences and more. Students will also have a chance to participate in mock interviews, learn about college programs & more.

School Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Title: \_\_\_\_\_

Parents/Guardians: Please sign the form below so your student may participate in the Youth Healthcare Career Expo. A signed form functions as a liability release for all involved parties, including the VicTory 4 Kidz, school districts and participating/hosting organizations. It also functions as a permission for your student to be included in Expo photos/communications materials that may be published on VicTory 4 Kidz social media platforms and/or website.

My permission has been granted for \_\_\_\_\_ to attend the Youth Healthcare Career Expo on \_\_\_\_\_

Parent/Guardian Name: (PRINT) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

STUDENT AGREEMENT: By signing this form, I am agreeing to the below guidelines. I agree to: follow my school district's policy regarding appropriate clothing and dress participate in the learning activities and engage in dialogue (ask questions) of Expo representatives, use respectful communication that reflects positively on myself and the school I am representing.

thank the healthcare leaders I spoke with for their time.

Student Name: (PRINT) \_\_\_\_\_

Student Signature: \_\_\_\_\_