



QUINCY AREA VOCATIONAL TECHNICAL CENTER

219 Baldwin Drive, Quincy, IL 62301 • 217.224.3775 ☎ • 217.221.4800 Fax • www.qps.org/departments/qavtc

PERMISSION REQUEST – HEALTH OCCUPATIONS

I, the parent/guardian of _____ (student), give permission for my son/daughter to attend field trips and clinical sessions during the school day for the Health Occupations Course.

I understand that he/she may be attending field trips and clinical sessions in a health care facility in the community beginning in September. The clinical sessions are usually held two times a week. It is also my understanding that my son/daughter will have a schedule of times, places, and dates to refer to as a guide. Transportation for most of the field trips and clinical experiences will be provided by school bus. However, students may be riding in student driven vehicles for some of these trips. This will require special arrangements with written parental/guardian permission.

For the STP classes, clinical sessions will be held one to two times per month beginning late fall. Students will be responsible for arranging their own transportation to and from clinical sessions.

Parent/Guardian Signature: _____ Date: _____

Instructor: Mrs. Jill Failor, 217-224-3775 ext. 1813

I, the parent/guardian of _____ (student), give permission for my son/daughter to use the vehicle listed below to drive to field trips for the Health Occupations Course as necessary. The vehicle may be driven to clinical sessions only if prior notification is made with the instructor. Otherwise, a school bus will provide transportation to and from field trips and clinical sessions.

Make of vehicle: _____

Model of vehicle: _____

Parent/Guardian signature: _____ Date: _____