

HIGH SCHOOL HEALTH CAREERS PROGRAM  
Verification and Parental Consent Form

STUDENT

I declare that all statements on the HSHCP application and supporting documents are true to the best of my knowledge and any misrepresentations will be cause for my rejection or dismissal.

If accepted into the program, I agree to abide by the rules and regulations set forth by the High School Health Careers Program.

\_\_\_\_\_  
Student's Printed Name

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Student's Signature

PARENT/GUARDIAN

I am willing to have my child participate in the High School Health Careers Program and to abide by the rules and regulations set forth by the program.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Today's Date

If he/she is selected to participate, I can be reached at the following phone numbers:

\_\_\_\_\_  
Day Phone Number

\_\_\_\_\_  
Evening Phone Number

For Office Use Only.  
Date Received: