

## March 7 HealthCare Expo

**Columbus Convention Center** 

Periods 4 - 7



# Interested in Pursuing a Career in the Medical Field?

Choose **Three** of the Following Careers to Learn About:

- Registered Nurse
- Medical Assistant
- Radiologic Technologist
- Surgical Technologist
- Respiratory Therapist

#### In Partnership with...







WEXNER MEDICAL CENTER









### The Details...

- Thursday, March 7 from 12:00 noon 2:00 p.m.
- Students will be excused from periods 4 7
- You are expected to make up any work you miss
- Dress professionally
- Pack a lunch and/or snacks
- Worthington will be providing one bus for this event on a first come, first served basis. We only have room for 40 students, so sign up today!
- Before you arrive, please think of some questions you want to ask the professionals in the careers you are interested in and practice communicating with people you don't know very well

#### **Next Steps...**



- 1. Fill Out the QR Code by February 12
- 2. Return a Signed Permission Slip to the School Counseling Office
- 3. See your School Counselor with Questions!





#### Worthington City Schools March 7 HealthCare Expo Field Trip Form 2023 - 2024

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Please	check √ an c	ption below, and fill in the blanks.				
☐ Emergency Medical Authorization: Parent Home/Mobile Phor				eOther Phone:		
When/if parent cannot be reached: Doctor's Name:				Phone:		
Pro	eferred Hos	pital:				
An	ny Special M	edical Needs:				
□ Id	o <b>NOT</b> give	my consent for emergency medical treatme	ent. Th	ne school	should take	no action or
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Parent/Guardian Signature: Date:						
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		Note: This form MUST be in V	VCS st	aff memb	per's possess	ion during all trips.
		Thomas Worthington High School &	Morth	ington K	ilhourne Hig	h School Field Trin Permit
						TSCHOOLLIER HIPFEITHL
		Stu	dent R	Responsil	oility	
<mark>I will at</mark>	tend field t	rip to the Columbus Convention Center fr	om 11:	: 15 - 2:3	<mark>0 PM on Thu</mark>	rsday, March 7.
I under	stand that b	eing excused for this trip means that I will	make u	ıp all assi	gned work fo	or those days.
Student Signature:					Date:	
Per.	Teacher Initials	Concerns, if any		Per.	Teacher Initials	Concerns, if any
1st				5th		

6th

7th

8th

2nd

3rd

4th