

Health Careers Education Policies and Procedure Compliance Agreement

I, _____ and _____
Please Print (*student*) Please Print (*Parent*)

have read, acknowledge, understand and agree to comply with the policies and procedures of the Glendale Union High School District Health Careers Education Program listed below.

- Required Materials
- Behavior
- Discipline
- Content
- Assignments
- Grade Scale
- Transportation
- Dress Code
- Cell Phones
- Student Skill Practice (*additional signature required*)
- Phoenix Veterans' Affairs Health Care Systems (*additional signature required*)
- My Clinical Exchange
- Electronics
- HOSA Code of Conduct (*additional signature required*)
- HOSA Medical Liability (*additional signature required*)
- Class/Lab Attendance
- Student Program Costs (*additional signature required*)

Clinicals

- Attendance
- Absences
- Uniforms
- Personal Belongings
- Aseptic Precautions

Student Printed Name

Date

Parent Printed Name

Date

Student Signature

Parent Signature