



Folcroft Campus
701 Henderson Blvd
Folcroft PA 19032
(610) 583-7620 **FAX (610) 583-6345**

Aston Campus
Birney Highway & Crozerville Rd.
Aston, PA 19014
(610) 459-3050 **FAX (610) 459-4110**

Parental Permission for Visitation to DCTS

I hereby give permission for _____ to visit Delaware County Technical High Schools to observe the _____ program on the date of _____ for the following session:

Please check one:

_____ AM (7:45am-10:30am)

_____ PM (11:30-2:15pm)

In the event of illness, does your child have permission to take the following?

- Tylenol: Yes _____ or No _____
- Ibuprofen: Yes _____ or No _____
- Antacids: Yes _____ or No _____

Please list any other pertinent medical information:

***NOTE: For safety reasons, students may not wear open-toed shoes or shorts.**

Parent Name (please print)

Phone number

Parent Signature

Date