**Request for Healthcare Career Exploration Day**  
*The Penn State Milton S. Hershey Medical Center*

<table>
<thead>
<tr>
<th>Date of request:</th>
<th>__________________________</th>
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</table>

Name of school: _______________________________________________

- School Address: (street, city, state, zip)
  - Street
  - City
  - State
  - Zip

Name and title of school representative:

<table>
<thead>
<tr>
<th>Email address for school contact:</th>
<th>__________________________</th>
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</table>

- Telephone number (school) ( ) __________________________
  - (cell) ( ) __________________________

Program Date: __________________________

Arrival Time: ________________  
*(Please plan to arrive 30 minutes before program)*

Departure Time: __________________________

Number of students and chaperones participating: __________________________

Healthcare careers of Interest:

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<th>__________________________</th>
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**FORM MUST BE SUBMITTED 30 DAYS PRIOR TO PROGRAM**

Fax To: 717-531-1578  
Email To: ccaruso@psu.edu