

The Program Manager
Tobacco Cessation Class

I am aware of _____'s intent to attend the next RACH Community Health Nursing Tobacco Cessation Class, which begins on Thursday, _____, at noon and runs each Thursday at noon for the following eight weeks.

I anticipate the following scheduling conflicts (if any): _____

Otherwise, I will do what I can to allow him or her to attend all scheduled classes.

Printed Name _____