

**TRI CITY AREA EDUCATIONAL COOPERATIVE
WORKSITE LEARNING PARENT/GUARDIAN INFORMED CONSENT**

MY STUDENT HAS PERMISSION TO PARTICIPATE IN A WORK-BASED LEARNING EXPERIENCE.

STUDENT'S NAME: _____ PHONE: _____

MAILING ADDRESS: _____ CITY: _____ ZIP: _____

LEARNING SITE(S): _____ SUPERVISOR: _____

AGE: _____ DATE OF BIRTH: ____-____-____ GRADE LEVEL: _____ CAREER PATHWAY: _____

TRANSPORTATION TO BE PROVIDED BY PARENTS OR LEGAL GUARDIAN

IN CASE OF MEDICAL EMERGENCY:

PARENT/GUARDIAN'S NAME: _____ DAY PHONE: _____ EVENING PHONE: _____

EMERGENCY CONTACT PERSON: _____ PHONE: _____

FAMILY PHYSICIAN : _____ PHONE: _____

LIST ANY MEDICATION: _____ LIST ANY ALLERGIES: _____

I accept full responsibility for the cost of treatment for any injury suffered by my son/daughter while taking part in the work-based learning program. I assume all risks, hazards, and injuries incident to such participation and do hereby waive, release, absolve and agree to hold harmless the Learning/Work Site, Learning Site supervisor, the Program Coordinator, the _____ School District, School District personnel and School Board members from any claim arising out of an injury to my child.

I understand that my daughter/son **cannot** participate in the work-based learning program unless they are covered by personal medical insurance or by the school accident coverage plan.

I have insurance coverage with _____ Co., policy number _____, that provides adequate accident coverage and I will keep it in force throughout the school year.

OR I do not have a family insurance policy. Please complete the following, I purchased school insurance for the above named student on _____.
(date)

TRANSPORTATION:

TRANSPORTATION IS THE SOLE RESPONSIBILITY OF THE PARENT OR LEGAL GUARDIAN. PARTICIPATION IN THE PROGRAM IS VOLUNTARY AND THE DISTRICT IS NOT DIRECTLY SUPERVISING, CONTROLLING, OR PROVIDING THE STUDENT'S TRANSPORTATION.

I HEREBY UNDERSTAND THAT MY DAUGHTER/SON MAY BE TRAVELING IN A LEARNING SITE VEHICLE, NOT PROVIDED BY THE _____ SCHOOL DISTRICT, AS A PART OF THE JOB SHADOW OR WORK EXPERIENCE.

Non-Paid Work Experience: The parent/guardian and student understand that even though some Community and Work-based experiences are **non-paid**, the student may perform work-related activities and that there is no Workmen's Compensation coverage for experiences where the student is not legally employed. School personnel may not have visited the work site, met the hosts, nor be present when the student is on-site.

**THE UNDERSIGNED HAS READ AND UNDERSTANDS THE AFOREMENTIONED RELEASE.
CAUTION: READ BEFORE SIGNING!**

SIGNED: _____ DATE: _____
(STUDENT)

PARENT OR GUARDIAN OF STUDENT: I, AS PARENT OR LEGAL GUARDIAN OF THE ABOVE-NAMED, HEREBY AGREE TO THE CONDITION OF PARTICIPATION IN A WORK-SITE LEARNING PROGRAM.

SIGNED: _____ DATE: _____
(PARENT/LEGAL GUARDIAN)