

# Parent/Guardian Consent Form Work-Based Learning

PLEASE PRINT

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Or Legal Guardian \_\_\_\_\_ Emergency Contact # \_\_\_\_\_

**Enrollment Consent:** I consent to the enrollment of the above student in the WBL at Woodstock High. YES NO

**Transportation Consent:** (School-provided transportation is not available for WBL students) I give my child permission to drive to the work-based learning site. I release the WBL site, Woodstock High School, and any agents of the employer or the Cherokee County School District, from any liability that may result from the student's use of his/her individual transportation. This student has reliable transportation for work-based learning activities. YES NO \_\_\_\_\_ Parent Initial

**Field Trips/Class Projects:** Permission is granted for the student to participate in field trips and class projects during the session he/she attends Woodstock High School. YES NO \_\_\_\_\_ Parent Initials

**Photo/Media Releases:** Permission is granted to photograph my student for promotional and educational purposes. YES NO \_\_\_\_\_ Parent Initials

**Student Record Release:** I authorize the Career Pathway Facilitator to release my student's academic and attendance records and resume to a potential employer, and I agree that Cherokee County School District and its agents will be absolved of any responsibility in connection with such release. \_\_\_\_\_ Parent Initials

## Health/Medical:

**Treatment Consent:** I hereby authorize the school or the work-site employer to secure emergency medical treatment and medical information for WBL student. Parent or Guardian will assume all financial responsibility. \_\_\_\_\_ Parent Initials

## Insurance:

The student \_\_\_ is or \_\_\_ is not covered by medical insurance. (If not, parent/guardian signature indicates that accident insurance will be purchased through the school insurance program and proof will be provided.) List insurance company: \_\_\_\_\_)

**I have read and understand my responsibility of medical coverage and transportation for said student. Please Initial and date.** \_\_\_\_\_

**Screening for illegal substance use:** Some employers require prospective employees to participate in drug screening procedures. In such cases, this procedure becomes a condition of participation/employment.

**Signature indicates consent to all of the above items.**

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

*\*A copy of insurance card must be on file with Career Pathway Facilitator before student will be allowed to leave campus for WBL site.*