

## Work-Experience Parent/ Guardian Permission Form

DATE: \_\_\_\_\_ STUDENT: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ CAREER SPECIALIST: \_\_\_\_\_

### LEAVING CAMPUS:

It may be necessary for your child to leave campus for the following reasons:

- Work Experience Activities (Job Shadow, Job Tryout, Internship)
- Competitive Employment

My child \_\_\_\_\_ may leave campus to participate in the above mentioned activities. I will not hold the school or the driver responsible in case of an accident. When required my child may participate in an early release work experience.

Parent/Guardian Signature: \_\_\_\_\_

### INSURANCE REQUIREMENTS:

I understand that all students participating in the community work experience and/or field study activities must have school insurance or be covered by family health insurance, Medicaid, or a military insurance. (Include a copy of insurance card).

Student Insurance Company: \_\_\_\_\_

Insurance Policy #: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

### RELEASE STATEMENT

In addition, all students are required to have in their records a parent/guardian signature release statement which authorizes the hospital to treat the student in an emergency situation, for injuries, without having to contact the parent first.

Parent/Guardian Signature: \_\_\_\_\_