

## Parent/Guardian Consent Form WBL/YAP Program

Student's Name \_\_\_\_\_ Student ID # \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Parent's Name \_\_\_\_\_

Emergency Contact Name & Phone #'s \_\_\_\_\_

**Enrollment Consent:** I consent to the enrollment of the above student in the Newton County Work-Based Learning or Youth Apprenticeship Program.

**Transportation Consent:** School-provided transportation is not available for WBL/YAP students. I understand that it is my responsibility and my child's responsibility to secure appropriate transportation to and from the job site. Appropriate transportation may entail my child driving to the worksite or arranging to be driven to the worksite by a responsible party. I release and hold harmless the school district, staff, and employer/mentor from all liability resulting from any and all accidents or injuries which may occur while traveling to or from the job site.

**Field Trips/Class Projects:** Permission is granted for the student to participate in WBL/YAP related field trips and class projects during the session he/she attends Newton County Schools.

**Photo/Media Releases:** Permission is granted to photograph my student for promotional and educational purposes.

**Student Record Release:** I authorize the Newton County School System to release my student's academic and attendance records to a potential employer, and I agree that the Newton County School System and its agents will be absolved of any responsibility in connection with such release. This authorization can be canceled at any time by written notice to the system level Career Related Education Coordinator.

**Health/Medical:**

Treatment Consent: I hereby authorize the school or the work-site employer to secure emergency medical treatment for the student. I will assume financial responsibility.

**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.):

\_\_\_\_\_  
(Please list insurance company. A copy of provider card must be supplied to Coordinator)

**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 \_\_\_\_\_

