

PARENT/GUARDIAN CONSENT FORM
Kenai Peninsula Borough School District

Your son/daughter is applying for a job-related work credit through KPBSD. Work Release and Cooperative Work Release (CoOp) opportunities are considered outside of the regular school program. Work-based activities with an assigned employer may include special projects, a variety of tasks related to different positions in a career field, or tasks performed in a single position within a career field. Your student is expected to communicate any changes in placement or position with their assigned advisor.

Permission to Participate in Work Release OR Work CoOp:

(Students Name) _____ may participate in a work release program as specified in this Agreement and the outlined Work Plan.

Parental Consent

_____ I understand that this work experience is organized independently from their affiliate school and that my child will be under parental responsibility for the duration of work experience time.

_____ I acknowledge that my child must make their own travel arrangements to and from their work placement and the District is not responsible for any injuries, accidents, or incidents occurring off school property.

_____ I understand that in the event of the student named above being ill or injured during the work experience, the employer will contact the parents/care givers.

_____ I understand that during the period of work placement my child will be in the care of the employers and under their instructions. I will notify the school and the employer if my child is unwell and is unable to attend, and understand that employers may have different attendance and notification requirements than the District.

Photo Release

I grant permission for my son/daughter to be photographed or videotaped for promotional and educational purposes while participating as a student intern.

___ Yes ___ No

Medical Authorization and Insurance Information

Should it be necessary for my son/daughter to have medical treatment while participating in a Work Release program, I hereby give the school district and/or employer to use their best judgment in obtaining medical service for my child. I give permission to the physician selected to render whatever medical treatment he/she deems necessary and appropriate.

Permission is also granted to release emergency contact/medical history to the attending physician or to the work release site personnel, if needed.

Health Insurance Company: _____

Name of Policyholder: _____

Identification Number: _____ Account Number: _____

Daytime Phone for Parent/Guardian/Other Contact: _____ Name: _____

Family Doctor: _____ Phone: _____

Signature of Parent/Guardian

Date

Work Experience Arrangement Form

STUDENT DETAILS:

Surname _____ First Name _____ Birth Date: / /

School Name and Address: _____

Zip Code: _____ Telephone: _____

Work Experience Coordinator: _____ Student Grade Level: _____

IN CASE OF AN EMERGENCY, THE EMPLOYER SHOULD CONTACT THE STUDENT'S PARENT OR GUARDIAN AND THE WORK EXPERIENCE COORDINATOR:

Name (Parent/Guardian) _____

Address _____ Zip Code: _____

Tel. (Home) _____ (Work) _____ (Mobile) _____

Emergency contact (Name and Tel.) _____

PRIVACY INFORMATION: The information provided on this form is for the administration of Work Experience Arrangements only and is not to be used for any other purpose. Health information will be provided if the Student has a medical condition or requires medication that may be relevant to their placement. This information must be kept confidential.

WORK PLACEMENT DETAILS:

Employer (business) name: _____ Tel. _____

Business Address: _____ Zip Code: _____

Employer email address _____

Type of industry: _____ Primary activity at workplace: _____

Student's work location address: _____ Zip Code: _____

Workplace contact person: _____ Supervisor (if different): _____

Activities the student will undertake (if insufficient space, attach separate sheet): _____

Work Experience hours: _____ am / pm, to _____ am / pm; on **Monday Tuesday Wednesday Thursday Friday** from (commencement date) _____ to (completion date) _____

**If the scheduled hours change or insufficient space, attach separate sheet.

Total number of days _____ Rate of payment \$ _____

EMPLOYER ACKNOWLEDGEMENT:

I, _____, [name of individual, or on behalf of the Employer if Employer is an incorporated body] agree that:

- _____ I understand that this student is earning 0.5 credit for participation in a Work Release during the school day or term.
- _____ I understand that as part of the Work Release agreement, I must notify the school coordinator if this student's placement or employment status changes.
- _____ I understand that this student must complete the equivalent of 10 hours per week of work-related activity.
- _____ I will implement a training & evaluation plan to help this student improve their work-related skills & provide a summary to the school coordinator at the end of the school semester to help with assignment of a grade.

Employer's Signature _____ Date: / /

STUDENT AGREEMENT

- I, _____ agree to take part in this Work Experience Arrangement and to:
 - _____ carry out all reasonable and lawful directions of the Employer and perform my work to the best of my ability;
 - _____ comply with all reasonable workplace rules and requirements governing safety and behavior;
 - _____ attend at the workplace on each day at the agreed time;
 - _____ inform both the Employer and the Work Experience Coordinator as soon as possible if I am unable to attend work;
 - _____ promptly inform the Employer of any accident, injury or incident that may occur;
 - _____ dress appropriately for the workplace;
- _____ I agree to inform the Employer of any necessary medical information, including details of any known medical condition which may affect me and any medication or treatment which may be relevant.
- _____ I understand that I am responsible for my transport to and from the workplace.
- _____ I understand that my advisor or school coordinator will determine whether or not I will receive credit for Work Experience based on the above agreed upon requirements.

Student's signature _____ Date: / /

SCHOOL ADVISOR OR COORDINATOR CONSENT:

Name: _____ Title: _____

I agree the student listed above participating in a Work Experience based on the information provided above and the employer's acknowledgements. I agree to monitor & check on this students completion of the agreed work experience as needed for the completion of this agreement.

This student is participating in _____ Work Release (No CREDIT) or _____ CoOp Work Release (0.5 Elective Credit).

KPBSD Representatives signature _____ Date: / /

**PLEASE SUBMIT A COPY OF THIS COMPLETED FORM TO
ANNALEAH KARRON akarron@kpbsd.k12.ak.us – College & Career Readiness Coordinator**