

Appendix B

Parent/Guardian Approval Form

Student's Full Name: _____ School: _____

Attendance/GPA/IEP Information/Medical Status

I grant permission for the high school office to release information regarding my child's attendance/GPA/IEP Information/Medical Status to Workplace Learning Connection (WLC) and potential business hosts. I understand this information is required for application to and participation in the WLC Student Internship Program and that information may be shared with the supervisor at the internship worksite.

Are there any physical accommodations needed for this child to have a successful internship?

Yes / No (circle one)

If yes, please explain: _____

Attendance/GPA/IEP and or 504 Information/Medical Status Agreement: (check one)

I AGREE to the above statement.

I DO NOT AGREE to the above statement.

Parent/Guardian Signature: _____

Media/Marketing Release

I agree to allow my child's photograph, videotape, or motion picture image that includes his/her name or likeness or any recording that includes his/her voice to be used in marketing materials to promote the Workplace Learning Connection. I understand that my child's photo/image will only be used in a positive manner in publications, print advertising, promotional materials, or any other medium to inform others about the career exploration activities coordinated by the Workplace Learning Connection for students throughout the Grant Wood AEA 10 region. I give my consent to have a Workplace Learning Connection member contact my son or daughter at a future date to review their career development.

Media/Marketing Release Agreement: (check one)

I ALLOW my child's image or name to be included in media or marketing pieces.

I DO NOT ALLOW my child's image or name to be included in media or marketing pieces.

Parent/Guardian Signature: _____

Participation Release

I am the parent or guardian of the student whose name appears above and I have authority to make legal decisions for the benefit of this child. I authorize the release of my child from his/her school to attend the three career development meetings sponsored by the Workplace Learning Connection and required by the internship program.

I recognize that work-based learning opportunities of this nature have a risk of lost or stolen property, injury, or even death during transportation to, from, on-site, and during the activities. I, on behalf of the child and for myself, waive any and all claims of liability arising from the child's participation in this opportunity, including claims against the following parties (and their employees, contractors, and volunteers): the Workplace Learning Connection, the school and school district that the child attends, and the employer who hosted the work-based learning opportunity.

I agree to defend, hold harmless, and indemnify the Workplace Learning Connection, the school, and school district that the child attends, and the employer who hosted the student(s) (and their employees, contractors, and volunteers) from and against any and all claims of liability that derive from claims that I or my child make against any other party arising from this worksite opportunity.

Parental Approval and Participation Release Agreement: (check one)

I have reviewed this application and approve this internship application.

I have reviewed this application and DO NOT APPROVE this internship application.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____ Best way to reach you: _____