

Work-Based Learning Permission Form

School Name: _____

School Year: _____

This permission document is for the review and signature of the parent or legal guardian of the student named below and who has the authority to make decisions for this student and grant the permissions and releases in this document (referred to as “parent/guardian”).

Name of the parent/guardian who is completing this Agreement (print): _____

If the school needs to contact the parent/guardian or student’s other contacts, the school will use the contact information that appears for this student in Infinite Campus.

PLEASE KEEP STUDENT PORTAL INFO UPDATED.

I. STUDENT INFORMATION	
Student Name	
Grade	
Class or Program Name	
Teacher or Coordinator Name	

II. THE WORK-BASED LEARNING EXPERIENCE																																					
The Work-Based Learning experience takes place during, before, or after regular school hours. The school is conducting the Work-Based Learning experience in accordance with district and school board policies.																																					
Check ALL boxes that apply. <table border="0"> <tbody> <tr> <td>☐ Job Shadow</td> <td>☐ Half Day</td> <td>☐ Full Day</td> <td>Date Range: _____</td> <td>☐ In-Person</td> <td>☐ Remote</td> </tr> <tr> <td>☐ Industry Interview</td> <td></td> <td></td> <td>Date Range: _____</td> <td>☐ In-Person</td> <td>☐ Remote</td> </tr> <tr> <td>☐ Internship</td> <td></td> <td></td> <td>Date Range: _____</td> <td>☐ In-Person</td> <td>☐ Remote</td> </tr> <tr> <td>☐ Mentorship</td> <td></td> <td></td> <td>Date Range: _____</td> <td>☐ In-Person</td> <td>☐ Remote</td> </tr> <tr> <td>☐ CareerWise Apprenticeship</td> <td></td> <td></td> <td>Date Range: _____</td> <td>☐ In-Person</td> <td>☐ Remote</td> </tr> <tr> <td>☐ Paid Work Experience</td> <td></td> <td></td> <td>Date Range: _____</td> <td>☐ In-Person</td> <td>☐ Remote</td> </tr> </tbody> </table>		☐ Job Shadow	☐ Half Day	☐ Full Day	Date Range: _____	☐ In-Person	☐ Remote	☐ Industry Interview			Date Range: _____	☐ In-Person	☐ Remote	☐ Internship			Date Range: _____	☐ In-Person	☐ Remote	☐ Mentorship			Date Range: _____	☐ In-Person	☐ Remote	☐ CareerWise Apprenticeship			Date Range: _____	☐ In-Person	☐ Remote	☐ Paid Work Experience			Date Range: _____	☐ In-Person	☐ Remote
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DESCRIPTION OF THE WORK-BASED LEARNING EXPERIENCE (School to provide description):																																					

The district generally will NOT provide transportation between school and the place of the Work-Based Learning site. It is the responsibility of the student and their families to arrange for transportation.

The district, in cooperation with the Work-Based Learning industry partner, complies with workers compensation laws applicable to such activities.

III. EMERGENCY CARE

It is the responsibility of the student's family and parent/guardian to ensure that the student has health and accident insurance coverage.

During the Work-Based Learning experience, the student may experience injury or other medical emergency. The student might require medical attention or might be sent to a hospital or urgent care facility. If this were to occur, the district will attempt to notify the parent/guardian or emergency contact persons on file in **Infinite Campus**.

NOTE TO PARENT/GUARDIAN: If the student has an IEP, 504 Plan, or Health Plan, and you have concerns or comments, please reach out to the school principal and/or nurse.

I, _____ (parent/guardian's name) have the authority to make medical, health, and emergency care decisions with respect to the student and consent to the medical or surgical care or treatment considered necessary to aid and protect the student, if the student experiences a medical, dental, trauma, or surgical emergency. As long as the medical or surgical treatment considered necessary in the situation is in accordance with generally accepted standards of medical practice for the particular type of injury or illness involved, I impose no specific prohibitions regarding treatment **UNLESS STATED HERE** (if none, leave blank).

Parent or Legal Guardian's Signature _____ Date: _____

IV. PERMISSIONS, RELEASES, AND ASSUMPTION OF RISK

By signing below, I, the student's parent/guardian, agree, represent, and state as follows:

1. I am the parent/guardian authorized to grant the agreements, permissions, and releases in this Work-Based Learning Permission Form and concerning the student.
2. I give my express permission for the student to participate in the Work-Based Learning experience described above.
3. When using email communication, I will ensure that the student will use district email to communicate with the industry partner's workplace email.
4. In the event of an emergency or injury affecting or involving the student, I authorize the school, the district, and any individual teacher, chaperone, or other district employee or agent to protect and assist the student, using their best judgment for the situation, and following this general protocol: (1) caring for the student; (2) attempting to notify the student's parent/guardian or other emergency contact; (3) getting the student under professional medical care; and (4) calling 911 or equivalent.
5. The student and I have previously reviewed and agreed to, or are contemporaneously reviewing and agreeing to, the Code of Conduct as in effect for the current school year. The student and I understand that the student is required to comply with the Code of Conduct while participating in a Work-Based Learning experience.
6. I may need to pick up the student from the Work-Based Learning experience before the scheduled end time or end date. This may be due to medical events, the student's conduct, or any other reason.

7. I will contact the school principal and school or district nurse if my student has an IEP, 504 Plan, or Health Plan and I have concerns or comments about those plans in connection with the Work-Based Learning experience.
8. **Assumption of Risk and Release. No Waiver of Governmental Immunity.** I understand and acknowledge that the student's participation potentially involves risks and obligations that are impossible to predict but which are beyond the scope of those normally associated with traditional school functions conducted on school property. I further acknowledge that the risks communicated by the activity sponsor may not be inclusive of all possible risks. The school and the district do not waive any of the immunities, rights, benefits, protections, or other provisions of the Colorado Governmental Immunity Act, §24-10-101 *et seq.* C.R.S., or the Federal Tort Claims Act, 28 U.S.C. Pt. VI, Ch. 171 and 28 U.S.C. 1346(b). On behalf of the student and myself, I assume all risks associated with the Work-Based Learning experience and release the school, the district, and their employees, teachers, volunteers, officers, and members of the District Board of Education, and agents from any liability for any claims or damages of any kind, except where the district would otherwise be liable for such claims.
9. **Video Streaming and Recording Information.** students may be participating in a virtual experience from the list on page one. In these cases, industry volunteers will interact with students using online platforms, such as Zoom, Google Meet, email, etc. In order to utilize industry partners' online lectures for future learning, the classroom teacher and/or Jeffco Career Links Team may stream or record an online lecture that includes student participation. These recordings will be used internally and for learning purposes only. Identifiable data in these recorded lectures and/or one-on-one conversations using the online platform could include student faces and names. Any collection or sharing of student data will be done in accordance with FERPA and Jeffco policy JRA/JRC. All recordings and student data will be securely stored using a Jeffco Google Drive account.
10. **Industry Volunteers.** Jeffco Career Links Team members and Jeffco Public Schools employees collaborate to secure the work-based learning experience partners and locations. Although our industry volunteers have been vetted by JPS employees, industry volunteers have not provided us with a complete background check. It is the responsibility of the student intern and parent/guardian/family to notify the appropriate contact (Jeffco Career Links Administrative Coordinator or classroom teacher) immediately if there are any work-based learning related concerns or concerns with the industry volunteer.

V. SIGNATURES

I/We, the parent/guardian of the named student, have read the expectations of this Work Experience Agreement and the Student Assumption of Risk and Waiver.

Parent/Guardian Signature:

Print Name: _____

Date of Signature: _____

I, the student, have read the school's Code of Conduct, the Student Assumption of Risk and Waiver and this Work Experience Agreement. I agree to abide by these expectations.

Student's Signature:

Print Name: _____

Date of Signature: _____