



Work-Based Learning (WBL) Training Agreement

Coversheet

*Name: _____

*School/Career Center: _____

*Career Cluster: _____

Student's Career Pathway/Program of Study: _____

Emergency Contact: _____

Phone Number: _____

Forms included in the Training Agreement

Completed by Student/Parent	Forms	Reviewed by Teacher/WBL Coordinator
	Student and Parent Information	
	Parent/Guardian Permission Form • Worksite Information to be completed by Supervising Teacher or Career Specialist	
	Training Agreement	
	Hazardous Occupations Exemption Form to be completed by Supervising Teacher/Career Specialist	
	Worker's Compensation and Liability Coverage Form to be completed by Supervising Teacher/Career Specialist	
	Criminal Record Check for Health Science Students only	
	TB Test Consent Form to be completed by Cosmetology, Barbering and Health Science students	

* Information required for State Reporting

INFORMED CONSENT, RELEASE OF LIABILITY, ASSUMPTION OF RISK FOR COVID-19

_____ (Student Participant) desires to participate in the Richland County School District One (“District”) Career and Technical Education work-based learning experiences (internships, cooperative education, apprenticeships, or clinicals). I, _____ (Parent/Guardian/Student 18 or older), for myself and my child, understand and agree as follows regarding risks associated with COVID-19 pandemic:

- 1. Voluntary Participation:** I voluntarily elect for my child/Student Participant to access and use the District’s premises, facilities, and equipment, and on other school districts’ properties in the course of participating in the work-based learning activity, so that my child may participate in the Career and Technical Education program. I voluntarily elect for my child/Student Participant to receive instruction and training from district employees. I understand that if I do not feel it is safe or appropriate to begin in-person workouts at this time, the student participant will be allowed to return to team activities without repercussions when I feel it is appropriate to do so, and the student participant may participate without mandatory attendance requirements during the summer period.

I understand that student participants who either have pre-existing medical conditions that place the Student Participant at higher risk of infection, or those who do not want to risk contracting COVID-19, should refrain from participating in high school sports at this time.

- 2. Acknowledgment of Risk:** I warrant that I am fully aware of the inherent risks of infection from the COVID-19 virus and pandemic, among other communicable diseases, in all public spaces, and particularly in recreational facilities such as those used by the district for its Career and Technical Education programs. I understand that use of the district’s premises, or other premises and locations, and participation in athletic activities may result in an increased risk of exposure to COVID-19 because of, among other things, the sharing of equipment, close contact with other individuals during activities, and the prevalence of high touch surfaces inherently associated with the activities, the increased respiration and emission of respiratory droplets associated with physical exertion, the use of water bottles and other personal use objects, and the inherent and natural interaction and sharing behaviors of students.

I understand that COVID-19 is considered a highly contagious virus that may have serious health consequences that could result in prolonged hospitalization, permanent injury, and even death, and the potential spread to other individuals, including other household members, and I acknowledge that such risk cannot be fully mitigated or controlled.

- 3. No Warranty:** I understand that the district will make reasonable efforts to comply with guidelines of South Carolina Department of Education, Centers for Disease Control, South Carolina Department of Health and Environmental Control. However, the district cannot eliminate the risk of exposure to COVID-19, or guarantee that the facilities and work-based learning activities will be free of COVID-19; that faculty, staff, and volunteers will be or will remain free of infection; or that infected and contagious students or their families will not be present on the premises or participating in the activity. Accordingly, the district cannot and does not warrant, guarantee, or offer assurances that individuals will not be exposed to COVID-19 while on the premises or engaged in athletic activities, or that individuals will not then expose others to COVID-19.
- 4. Assumption of Risk:** I understand and acknowledge that my or my child’s access and use of the premises, facilities, equipment, and participation in the activities involve inherent risks to me or my child, and I understand the district has no control over these risks, nor the ability or duty to eliminate such risks, and even strict adherence

Parent Signature _____

Student Name: _____

to guidelines cannot eliminate risk. Consequently, for myself, and for my child, I assume such dangers, risks, and hazards by participating in athletic activities at this time.

5. **Indemnification, Waiver, Release:** I hereby waive, release, discharge, and hold harmless the district, including its employees, Board, directors/officials, officers, agents, and volunteers from any and all liability associated with any injury to the Student Participant, including personal injury or illness or even death, loss of income or educational opportunity, property damage, and all losses, damages, expenses, liabilities, or claims of any nature arising out of, related to, or in any way connected to the Student Participant use of the premises, facilities, and participation in the activities.

6. **Other Acknowledgements:**

- a. I represent that I have the authority to give this Informed Consent, Release of Liability, Assumption of Risk for the Student Participant's participation in the District's athletic program and use of District premises and facilities. I am the parent/legal guardian of the Student Participant, or I am 18 years of age or older, and have the unrestricted right to enter into this Informed Consent, Release of Liability, Assumption of Risk.
- b. I am aware of the district's COVID-19 guidelines and shall abide by them, make all reasonable efforts to equip and instruct my child to abide by them at all times while on the district's premises, or while otherwise engaged in the work-based learning activity, even on other districts' premises, for purposes of participating in the district's Career and Technical Education program.
- c. I agree that in the event that the Student Participant or any member of our household tests positive for COVID-19, is informed by a health care provider that that the Student Participant or member of my household is likely symptomatic for COVID-19 infection, or otherwise becomes aware of information that a reasonable person should in good faith recognize as indicating exposure to COVID-19, I will immediately notify the District.
- d. I hereby give consent for emergency transportation and treatment in the event of illness or injury, and I accept responsibility for the payment of any emergency transportation or treatment on behalf of my child.
- e. To the best of my knowledge I further certify that my child is in good physical condition and has no medical or physical conditions that would restrict his/her participation in this event.

MY SIGNATURE BELOW INDICATES THAT I HAVE READ THIS **INFORMED CONSENT, RELEASE OF LIABILITY, ASSUMPTION OF RISK**; I FULLY UNDERSTAND ITS TERMS; I UNDERSTAND THAT I AM WAIVING RIGHTS BY SIGNING IT; AND I HAVE SIGNED IT FREELY AND VOLUNTARILY. I INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF LIABILITY TO THE EXTENT ALLOWED BY LAW.

_____	_____
Signature of Parent/Guardian for Minor Student	Date
_____	_____
Signature of Student Participant	Date
_____	_____
Print Name of Parent/Guardian	Print Name of Student Participant
_____	_____
Teacher/Career Specialist	Date
Parent Signature _____	Student Name: _____

Student and Parent Information

Name: _____ Age: _____
 First Name Middle Initial Last Name

Home Address: _____
 Street City, State Zip Code

Email: _____ Cellphone: _____

Social Security Number: _____ - _____ - _____ DOB: _____ / _____ / _____

School Name: _____ School Counselor: _____

Parent/Guardian

• Name: _____ Relationship: _____

Home Address: _____
 Street City, State Zip Code

Email: _____ Cellphone: _____

• Name: _____ Relationship: _____

Home Address: _____
 Street City, State Zip Code

Email: _____ Cellphone: _____

• Emergency Contact: _____ Relationship: _____

Email: _____ Cellphone: _____

Medical and Insurance - List medical information needed in case of emergency.

Allergies or Medical Issues: _____

Allergic to medications? Yes No If yes, what medications? _____

Place an X to identify who is providing coverage.				
Insurance Coverage	Yes/No	Family	School	Worksite
Liability and/or Bonding				
Worker's Compensation				
Health/Accident				

Health/Accident Insurance Company _____

Insured _____

Policy Number _____

Parent Signature _____

Student Name: _____

Parent/Guardian Permission Form

Worksite Information (To be completed by Teacher/Work-based Learning Coordinator)

Name: _____

Address: _____
Street City, State Zip Code

Worksite Supervisor: _____ Phone: _____
Name

Nature of work to be performed in the work-based learning experience: _____

Are employees at this worksite engaged in hazardous occupations? Yes No

Will the work-based learning experience for this student involve a hazardous occupation as defined under the Federal guidelines? Yes No

WBL Begins: _____ / _____ / _____ Ends: _____ / _____ / _____
Date Date

Mode of Transportation: _____ Person Responsible: _____

Consent to Participate - Initial each statement.

_____ My child, Name: _____ (DOB: _____ / _____ / _____),
has my permission to participate in a work-based learning experience at the worksite as outlined above.

_____ I consent for my child to receive emergency medical treatment in case of injury or illness. The
information provided in this agreement is accurate to the best of my knowledge.

_____ The district shall not be liable for any injuries sustained by my child's participation in this program.

_____ I grant the district/school/worksite permission to photograph my child for promotional and educational
purposes in publications, online and in other communications related to this work-based learning experience.

_____ I have read the information and fully understand and agree with the content of this work-based learning
experience training agreement.

Name (please print)	Signature	Date
Parent/Guardian		
Student		

Parent Signature _____

Student Name: _____

Training Agreement

Student Name: _____ Age: _____
 First Name Middle Initial Last Name

Home Address: _____
 Street City, State Zip Code

Email: _____ Cellphone: _____

School Name: _____ School Counselor: _____

Worksite Name: _____

Worksite Address: _____
 Street City, State Zip Code

Worksite Supervisor: _____ Phone: _____

Begins: _____ / _____ / _____ Ends: _____ / _____ / _____
 Date Date

This training agreement briefly outlines the responsibilities of the student, parent/guardian, worksite supervisor, and teacher for the work-based learning experience.

Parent/Guardian

1. Approves and agrees that the student may participate in work-based learning at the worksite listed above.
2. Encourages the student to effectively carry out the work experience requirements both in the classroom and on the job.
3. Assumes responsibility for the conduct of the student.
4. Provides transportation for the student to and from the worksite.
5. Holds school and teacher harmless for risks associated with transportation and indirectly monitored activities (e.g., work-based experience).

Student

1. Complies with the rules and regulations of the worksite.
2. Observes the same regulations that apply to other employees.
3. Adheres to all policies and regulations as set forth by school administration and the teacher.
4. Shall not displace adult workers who can perform such work as assigned in the work-based experience
5. Successfully meet any and all requirements as it pertains to safety procedures.

Teacher

1. Assists in securing an appropriate work-based experience based on the student's program of study.
2. Works with the supervisor/mentor in developing a training plan for the student.

Parent Signature _____

Student Name: _____

3. Visits worksite at least once per month to confer with the employer and student; verifies that student's duties correlate with job description; observes working conditions; helps develop progressive skill-building activities; observes and evaluates student progress; and resolves questions, issues, or concerns.
4. Counsels the student about his or her job progress, behavior, attitude, academics, etc.
5. Terminates employment when it serves the best interest of the student as determined in collaboration with the employer.
6. Determines the student's final grade for work-based learning.
7. Reinforces work-based experiences with related classroom instruction.

Worksite Supervisor

1. Recognizes that the student is enrolled in work-based learning aligned to his or her program of study.
2. Provides supervision and instruction in each of the applicable tasks listed on the training plan to assist the student in mastering standards necessary for success in the career objective.
3. Evaluates and documents student progress.
4. Employs a non-discrimination policy with regard to race, color, handicap, sex, religion, national origin, creed, and age.
5. Adheres to wage and hour; child labor; and all other federal, state, and local laws pertaining to student employment.
6. Completes the work-based experience evaluation and returns it to the teacher on the required date.

Name (please print)	Signature	Date
Student		
Parent/Guardian		
Parent/Guardian		
Supervising Teacher/Career Specialist		
Worksite Supervisor		
Administrator/Designee		

Parent Signature _____

Student Name: _____

HAZARDOUS OCCUPATION EXEMPTION FORM

Date: _____

This is to certify that _____ is a student
Name of Student

at _____ in _____, SC,
School/Career Center City

and will be participating in a Work-Based Learning experience at

at _____ in _____, SC.
Worksite Name City

1. The work of the student in the occupation declared hazardous shall be incidental to this training and shall be under the direct and close supervision of a qualified and experienced person.
2. Safety instructions shall be given by the school and correlated by the employer with on-the-job training. Documentation will be kept regarding type, amount, and process for safety training.
3. A schedule of organized and progressive work processes to be performed on the job shall have been prepared and agreed upon by the employer and school representative.

We certify that the conditions mentioned above will be fulfilled.

Name (please print)	Signature	Date
Supervising Teacher/Career Specialist		
Worksite Supervisor		

Parent Signature _____

Student Name: _____



Certificate of Worker's Compensation & Liability Coverage

Certificate of Worker's Compensation & Liability Coverage
for district Work-Based Learning Experiences

Student _____

School _____

Training Site _____

Supervisor/Mentor _____

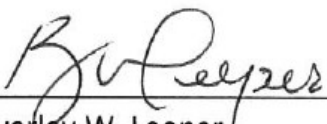
Career Pathway (IGP or CTE Pathway) _____

Experienced Date(s) _____

Approximate Number of Hours _____

Worker's Compensation & Liability Provider Coverage

South Carolina Schools Board Trust
111 Research Drive
Columbia, SC 29203



Beverley W. Leeper
Coordinator, Risk Management
Richland County School District One

Parent Signature _____

Student Name: _____



**South Carolina
Law Enforcement Division**

P.O. Box 21398
Columbia, South Carolina
29221-1398

*Henry D. McMaster, Governor
Mark A. Keel, Chief*

Tel: (803) 737-9000

CRIMINAL RECORD CHECK

(Please print your completed form and submit to SLED. You may want to print a copy for your records.)

FULL NAME: _____
First Name Middle Name Last Name

AKA and/or MAIDEN NAMES: _____

DOB: _____ SSN: _____

(Federal law permits governmental agencies to require a social security number in order to conduct official business; however, private entities may only obtain social security numbers if given voluntarily).

CHARITABLE ORGANIZATIONS AND SCHOOL DISTRICTS ONLY

<i>NAME OF ORGANIZATION</i>	
<i>VERIFICATION NUMBER (as provided by SLED for online checks)</i>	
<i>SCHOOL DISTRICTS ONLY – POSITION APPLIED FOR</i>	
<i>(A self-addressed stamped envelope is required for the return of background check)</i>	

PLEASE NOTE:

The fee is twenty-five dollars (\$25) unless you are a charitable organization approved for a fee of eight dollars (\$8). A charitable organization must include its name and User ID number or the request may not be processed. Payment must be business check, certified/cashier's check or money order payable to SLED. **PERSONAL CHECKS and CASH WILL NOT BE ACCEPTED.** This report contains records of arrests and convictions made by state/local agencies in South Carolina only. Alteration of a completed criminal record check may subject a person to criminal prosecution. A completed criminal records check should not be accepted unless it bears an original SLED stamp.

***SLED RECORDS SECTION HAS BEEN CLOSED TO THE PUBLIC SINCE DECEMBER 15, 2008.**

(CJ-022) Revised 09/25/15



An Accredited Law Enforcement Agency



Parent Signature _____

Student Name: _____

Richland County School District One
TB TEST CONSENT FORM

To be completed for Cosmetology, Barbering and Health Science Students

Please print. Submit the completed form to your instructor. Make a copy for your own records.

Student Name: _____
First Name Middle Initial Last Name

DOB: _____ / _____ / _____

Work-Based Learning Experience: _____
Internship, Cooperative Education, Youth Apprenticeship or Registered Apprenticeship

****ALL TEST RESULTS WILL BE KEPT CONFIDENTIAL****

Please Note:

The Career and Technology Department will only pay the cost of the TB Test for students enrolled in a CATE Completer Program.

If your TB Test shows a need for a Chest X-ray, the cost of the Chest X-ray is the responsibility of the parent/guardian.

The undersigned grants permission for their student to participate in the TB Test as required by the course they are enrolled in through our Career and Technical Education Programs of Richland County School District One.

Name (please print)	Signature	Date
Student		
Parent/Guardian		

Submit completed form to the Career and Technical Education Office for processing.

Revised 02/15/2016 NW

Parent Signature _____

Student Name: _____