Florence 1 Schools
Students first

Advantage Academy

Parent/Guardian Work-Based Learning Permission and Emergency Packet

TO BE COMPLETED BY THE PARENT OR GUARDIAN:

My child,_____ _____has my permission to
(Name of Student) (Birthdate)
participate in a work-based learning (WBL) experience at a local company and in a training role that aligns with my child's individual graduation plan (IGP) and career goals. (IGP's can change so please make sure that the student's IGP aligns with the WBL experience they desire.)

Completing this form and/or the WBL application does not guarantee that my student will be placed in a WBL experience nor does it guarantee future employment.

I will be responsible for arranging transportation for my child to and from the worksite. My permission is given for my child to receive emergency medical treatment in case of injury or illness. I understand that school personnel will not be present when my child is at the site and will not be responsible for my child.

Transportation Arrangements (How will they get to and from the WBL worksite):_____

_____

_____

Home Address: _____

Home Phone:_____

Florence 1 Schools shall not be liable for any injuries or illnesses sustained by the student's participation in this program. I have read the above information and fully understand and agree with the content.

_____	_____	_____
(Parent/Guardian Signature)	(Date)	(Work Phone)
_____	_____	_____
(Parent/Guardian Signature)	(Date)	(Work Phone)
_____	_____	_____
(Student Signature)	(Date)	(Work Phone)

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Student Insurance and Emergency Information

Please make sure that all information on this form is accurate as it will be used to contact you and provided for medical care in the case of an emergency Though rare, accidents do sometimes happen. If an emergency event does occur we want to make sure that medical assistance can be provided to your child and you can be contacted in the fastest means possible.

Personal Data

Student's Name:_____Birth Date: _____

Student's Home Address:_____

Student's Social Security Number: (Last 4 digits only) XXX-XX-_____

Home Phone:_____

School Name:_____

School Counselor:_____

Address:_____

_____ Phone: _____

Insurance Coverage	Yes/No	Family	School	Employer
Liability and/or Bonding	_____	_____	X	_____
Worker's Compensation	_____	_____	_____	_____
Health/Accident	_____	_____	_____	_____

Name of Students Health/Accident Insurance Company:_____

Insured:_____

Policy #:_____

(Note: Please identify who is providing coverage by placing an (X) in the appropriate space. A copy of the F1S COI will be provided to the hosting WBL experience company)

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Student Medical Information

List medical information about the student that would be helpful in case of emergency. Allergic to medications? Yes/No_____

If yes, what medications?

_____

_____

List any allergies or other medical problems of the student:

_____

_____

Family Information

Parent/Guardian Name:_____

Work Phone:_____

Employer Name/Address:_____

Parent/Guardian Name:_____

Work Phone:_____

Employer Name/Address:_____

Parent/Guardian Home Address:_____

Home Phone:_____

Emergency Contact:_____

Phone:_____

I consent for my child to receive emergency medical treatment in case of injury or illness. The information provided is accurate to the best of my knowledge and if it changes I will contact the company and the Advantage Academy to make appropriate updates.

_____ _____

Parent's/Guardian's Signature Date

_____ _____

Parent's/Guardian's Signature Date

_____ _____

Student's Signature Date

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Florence 1 Schools Media Information ReleaseForm

During this school year, your child may participate in a variety of instructional, academic, Work-Based Learning, and other events, projects and activities. Your child may be filmed/recorded for instructional lessons, student projects and classroom training sessions. Your child's participation in these events/projects/activities may be requested to appear in various media outlets and district approved websites. F1S recognizes the following student information as media information:

- Student Name/Photograph/Video/Audio
- Participation in Officially Recognized Activities/Sports
- School and Grade Level
- Diplomas, Certificates, Yearbooks, Other Honors and Awards
- Original Student Work
- Any Other Similar Information

Permission is needed for your child to be included in any news media publicity, or educational information. Please complete this form and return it to the school where it will be kept on file.

1. **For my child to be photographed/interviewed by district/school staff, other students or news media for public information use.**

   ☐ Permission Is Granted ☐ Permission is **NOT** Granted

2. **For my child and his/her original work to appear in newspaper articles, television, radio broadcasts, displays, on the Internet, or in district/school promotional pieces (i.e. district/school videos).**

   ☐ Permission Is Granted ☐ Permission is **NOT** Granted

3. **For my child's information to be included on the district/school website, other district approved websites such as Facebook, Twitter, Instagram, YouTube, local news websites etc.**

   ☐ Permission Is Granted ☐ Permission is **NOT** Granted

4. **For my child's information to be included in brochures, flyers, Honor Roll, yearbooks or other recognition lists, newsletters, playbills, or other programs including graduation and athletic programs.**

   ☐ Permission Is Granted ☐ Permission is **NOT** Granted

5. **For my child to be photographed/filmed/recorded by district/school staff, students or educational institutions for instructional lessons, student projects or classroom training sessions.**

   ☐ Permission Is Granted ☐ Permission is **NOT** Granted

_____ _____

Signature of Parent/Guardian Date Signed

_____ _____

Signature of Student Date Signed