

## **Community Work Assessment Program**

\_\_\_\_\_ has signed up for the Community Work Assessment Program for the 2010-2011 school year. This program helps students gain work experience at job sites within the community to assist in vocational planning for the future.

\_\_\_\_\_ has my permission to participate in the Community Work Assessment Program for the school year 2010-2011. I understand that the student will be working in the community as the program requires. I acknowledge the possibility of hazard and therefore release CCRESA, MRS and the local school district from liability for any injuries received while participating in the program.

### **Transportation for this program will be as checked below:**

- D The responsibility of the student. His/her driver's license No is: \_\_\_\_\_
- D The student will access busing through the local school district.
- D The student will use Clinton Transit to get to and from school and the work site.
- D The student has my permission to ride with other students to and from school to the work site.
  - o The student has my permission to ride with CCRESA/Local District staff as needed.

### **Medical Information:**

Does your student have any medical/health concerns or needs that we should be made aware of?

\_\_\_\_\_

Will the student need any medications distributed while at the work site? If so please list medications and sign to allow the facilitators to distribute the medication to the student.:

Medications \_\_\_\_\_

D In the case of an emergency we have permission to take your student to the hospital or contact their doctor. (Calls will be made to parents/guardian prior to calling or transporting to doctor/hospital)

### **Emergency Contact Information:**

Family Doctor/Clinic \_\_\_\_\_

Health Insurance \_\_\_\_\_

### **Photo Release:**

- D I authorize Clinton County RESA/Local District to use still photographs of my child in CCRESA related publications in print and on the CCRESA web page.
- D I do not authorize CCRESA/Local District to use still photographs of my child in related publications.

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_