

**(Completed by School)**

A school-based/work-based learning activity has been scheduled for the following student:

**Student Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Activity:**      \_\_\_\_\_ Job Shadowing      \_\_\_\_\_ Field Trip      \_\_\_\_\_ Training  
                  \_\_\_\_\_ Apprenticeship      \_\_\_\_\_ Internship      \_\_\_\_\_ Clinical  
                  \_\_\_\_\_ Career Academy      \_\_\_\_\_ Career Seminar      \_\_\_\_\_ Other  
                  \_\_\_\_\_ Cooperative Work

**Date(s):** \_\_\_\_\_ **Location(s):** \_\_\_\_\_

**Time Period:** \_\_\_\_\_

**Transportation:**      \_\_\_\_\_ School Bus      \_\_\_\_\_ Commercial Carrier  
                                  \_\_\_\_\_ Private Vehicle      \_\_\_\_\_ No district transportation provided

**Private Vehicle Driver:**      \_\_\_\_\_ School District Personnel      \_\_\_\_\_ Volunteer

---

---

**(Completed by Parent/Guardian)**

\_\_\_\_\_ I give permission for my student to participate in the above activity.

\_\_\_\_\_ I assume responsibility for my student beyond the normal supervision of the assigned advisor(s).

**Transportation:**

\_\_\_\_\_ School transportation as identified above.

\_\_\_\_\_ I assume full responsibility for providing or arranging transportation for my student, including permitting my student to provide his/her own means of transportation.

\_\_\_\_\_ I have signed the Informed Consent, Waiver and Release Form for Work-Based Learning Transportation.

**Health Insurance:**

\_\_\_\_\_ I understand that in the event my student is injured while participating in the program health insurance for my student remains my responsibility unless otherwise provided by my student's employer.

**By my signature I acknowledge that I have read all applicable school district policies relating to the school-based/work-based learning program and give my student permission to participate in such program. I agree to hold harmless and release the Aberdeen School District #58 and its officers, employees, agents and assigns from all liability, negligence or breach of warranty associated with injuries or damages from any claim by me, my child, my family, estate, heirs or assigns, arising from in in anyway connected with the aforementioned activities.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**LEGAL REFERENCE:**

Idaho Code §33-506(3)

**ADOPTED:** May 18, 2021

**AMENDED:**