



## OFF CAMPUS PARENTAL CONSENT

**Student's Name:** \_\_\_\_\_ **Course:** \_\_\_\_\_

I hereby consent to the above named student being placed in an employment situation for the purpose of work experience in the school year 20\_\_\_\_ / 20\_\_\_\_.

### I UNDERSTAND THAT:

1. The school or the Board shall not be held liable or responsible for the student's transportation to and from the work site/station.
2. There may be no remuneration.
3. Work and examinations missed in other classes must be completed.
4. The student will be covered by Workers' Compensation Board (WCB) Insurance through Alberta Education.
5. The student will be expected to:
  - be prompt and in regular attendance at work.
  - conform to company rules and regulations.
  - accept direction and assessments from authorized supervising personnel.
6. Students may be withdrawn from a site/station at the request of the employer, by notice to their school's work experience teacher-coordinator.
7. To the best of my knowledge, my son/daughter is not under any prescribed medication or does not have allergies/medical conditions that would impede the placement at a work site.
8. According to Battle River School Division #31 Off-Campus Education Policy Section 2.12, the policy statement is available to parents on request.
9. Parents are asked to contact the Off-Campus Education coordinator at the school if they have concerns. They should not approach or contact employers directly.

### COMMENTS:

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**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_