



## VIRTUAL WORKPLACE EXPERIENCES IN-FIELD EXPERIENCE: A DAY ON THE JOB OR VOLUNTEER SERVICE DAY PARENTAL PERMISSION SLIP

Parent/Legal Custodian	I,		, agree to allow my child,
Activity  In-Field Experience  Date(s) and duration:  Workplace location (address, phone number):  Families are responsible for providing their student with reliable transportation to and from the workplace location.  By signing this form the parent / legal custodian acknowledges that neither the school / school board  School / School Board Name:  nor any of its officers, agents, or employees nor any sponsor of this activity will be held liable for any accident, injury, illness that might occur to the student while at the workplace. Signing this form releases the school / school board, its employees, and its agents from any and all liability of every kind, nature, or description.  The undersigned parent or legal custodian is solely responsible for providing medical insurance coverage for the student. The cost of any care resulting from emergency care in the event of injury or sudden illness is the responsibility of the parent or legal custodian.	Parent/Legal Custodia	ın	
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Parent/ Legal Custodian Signature Date	coverage for the student.	The cost of any care resulting from emer	gency care in the event of
	Parent/ Legal Custodian Signature		Date
Emergency Contact (Name, Relationship to Student) Phone Number	Emergency Contact	(Name, Relationship to Student)	Phone Number