

**Grayson Technical Education Program
Sports Medicine Work-Based Learning/Internship Program Parent/Guardian Consent Form**

STUDENT INFORMATION:

Name _____ Address _____ City _____ Zip Code _____

Home Phone _____ Parent/Student Cell Phone _____ E-Mail _____

Student I. D. Number _____ High School _____ Male _____ Female _____

Please initial each request to indicate your consent:

_____ **Internship Early Release Consent:** *I understand that my child named above is enrolled in the Sports Medicine work-based learning/internship program at Grayson Technical at Grayson High School and that my child will be dismissed from school at the end of his/her regularly scheduled on-campus classes once a week to attend his/her internship. I assume full responsibility for my child after he/she leaves his/her home school to attend his/her internship.*

_____ **Transportation Consent:** (School-provided transportation is not available to work sites.)
I hereby give my son/daughter/ward permission to drive to their designated work site, including out of county internship sites. I expressly release the Grayson Technical Sports program work site, local school and the Gwinnett County Public Schools and any agents of the employer or the school system from any liability that may result from my son/daughter/ward's use of his/her individual transportation. My child is covered by automobile insurance as follows:
Provider _____ Name of Insured _____ Policy Number _____

_____ **Field Trip/Class Projects:** *Permission is granted for my son/daughter/ward to participate in field trips and class projects during the session(s) he/she attends Gwinnett County Public Schools. Transportation may be provided by the school system. In addition, another form requiring signature may be required by the local school designating the destination and purpose of the field trip along with the departure and return date information.*

_____ **Photo/Media Release:** *I hereby give my consent to all photographs, audio recordings, and/or video recordings taken of me or my minor child by Gwinnett County Public Schools or their designee. I understand that any photographs, audio recordings, and/or video recordings become the property of the local school/district/designee and may be used by the school, district, or others with the consent, for educational, instructional, or promotional purposes determined by the district in broadcast and media formats now existing or to be created in the future.*

_____ **Student Record Release:** *I authorize the Gwinnett County Public School System to release my son/daughter/ward's academic and attendance records to any potential employer and I agree that the Gwinnett County Public Schools and its agents will be absolved of any responsibility in connection with such release. This authorization can be cancelled at any time by written notice to the Work-Based Learning Coordinator. I also agree that my child's grades may be e-mailed to me at this e-mail address _____*

_____ **Background check:** *If required for employment/internship, I authorize a prospective work-based learning employer to conduct a background check including criminal history, employment history and education history as a condition of my son's, daughter's or ward's employment.*

Health/Medical:

_____ **Treatment Consent:** *I hereby authorize the school or the work-based learning coordinator or work-site mentor to secure emergency medical treatment. I will assume all financial responsibility.*

_____ **Insurance: Health Insurance Company** _____ *Student is _____ or is not _____ covered by medical insurance. (If not, parent/guardian signature indicates that accident insurance will be purchased through the school insurance program. Contact your local school.)*

_____ *Some employers require prospective employees to participate in drug screening procedures. In such cases, this procedure becomes a condition of participation/employment. I hereby consent to required drug screening of my child or ward as a condition of employment and subsequent drug screens as dictated by the company's drug policy.*

_____ *Some employers may require a physical examination and/or tetanus or tuberculosis vaccination. I consent to a company required physical examination and/or company required vaccinations as a condition of my son's, daughter's or ward's employment.*

HAVING READ WITH UNDERSTANDING THE ABOVE, I HEREBY GIVE MY CONSENT TO THE ENROLLMENT OF MY SON/DAUGHTER/WARD IN A WORK-BASED LEARNING PROGRAM:

Name of Mother/Legal Guardian _____ Daytime Telephone _____

Name of Father/Legal Guardian _____ Daytime Telephone _____

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

Student's Signature _____ **DATE** _____

It is the policy of the Gwinnett County School System not to discriminate on the basis of race, color, sex, religion, national origin, age, or disability in any employment practice, educational program, or any other program, activity or service. If you wish to request an accommodation or modification or to make a complaint due to discrimination in any program, activity or service, contact:
The Office of Internal Resolution, 437 Old Peachtree Road, NW, Suwanee, Georgia 30024