

PARENT/GUARDIAN CONSENT FOR WORK BASED LEARNING EXPERIENCE

I, (full name) _____ as legal guardian of _____ (child's full name) a student enrolled in the _____ High School acknowledge the following:

The program of study includes opportunities for my child to participate in an off-campus Work Based Learning opportunity, and I give my consent to my child participating in the off campus Work Based Learning component, and I agree to support and assist with enforcement of the content included in the Work Based Learning placement

I agree to accept responsibility for my student's participation in the above-referenced activity. I understand any negligence arising out of the student's participation in the program shall be attributed to me as comparative negligence within the meaning of Section 27-1-702, MCA. I agree to counsel my child to abide by the rules and regulations set forth by the workplace learning site.

I have signed the Parent/Guardian Consent and agree to the stated conditions.

Parent/Guardian signature

Date

Parent/Guardian printed name Phone number

Address City/State/Zip code