

FRANKLIN COUNTY CAREER AND TECHNOLOGY CENTER
2463 Loop Road
Chambersburg, PA 17201-8895
Phone (717)263-9033 Fax (717)263-6568

NON-PROFIT AND COMMUNITY-BASED WORK EXPERIENCE

I hereby give permission for _____ to participate in a work-
(Name of Student)
based experience at the _____ (a non-profit organization)
(Destination)
with his/her program area on _____. Transportation will be provided by
(Date)
the school (use of personal vehicle will not be permitted to and from work site).

This work-based experience is an extension of the vocational-technical program in which the student is enrolled. All possible care and precaution will be taken to safeguard your son/daughter from accident or injury. The work-based experience will be supervised by the student's instructor at all times. In the event the above named student becomes ill or is injured during this experience, The Franklin County Career and Technology Center will not be held responsible for any liability or medical expenses.

The parent or guardian agrees that the following stipulations will apply if the student should become ill or injured:

1. Permission is granted for the above named child to receive medical treatment at the nearest hospital.
2. The staff is permitted to release medical information pertinent to the above named child (List any medical problems): _____
3. Treatment for the illness or injury will be covered under the parent's medical insurance.
 - a. Medical Insurance Company _____
 - b. Policy Number _____

Estimated Time of Departure: _____ Estimated Time of Return: _____

Student Signature: _____ Date: _____
Parent Signature: _____ Date: _____
Home Phone: _____ Work Phone: _____

Person and phone number to contact in case of emergency: _____
