

Career Exploration / Field Experience

Consent Form

EVENT INFORMATION: TO BE COMPLETED BY SCHOOL STAFF OR STUDENT

TITLE OF EVENT _____

DATE(S) _____

LOCATION _____

START AND FINISH TIME _____

DESCRIPTION AND RATIONALE _____

CUT AND KEEP THE TOP PART AT HOME FOR YOUR INFORMATION

RETURN BOTTOM PART TO SCHOOL AS YOUR CONSENT

CAREER EXPLORATION FIELD EXPERIENCE STUDENT INFORMATION

EVENT _____

DATE SUBMITTED BY: _____

NAME OF STUDENT _____

PHONE NUMBER _____

NAME OF EMERGENCY CONTACT _____

EMERGENCY CONTACT NUMBER _____

SCHOOL _____

TEACHER _____

- I understand that my son/daughter will be attending on his/her own and will / will not be teacher-supervised. N/A
- Transportation to and from the event location is the responsibility of my son/daughter and safety concerns in this respect are solely the responsibility of the parent or guardian. N/A
- WorkSafeBC coverage does not apply, as this is a non-standard worksite.
- Students participating in community-based events must conduct themselves appropriately both in attitude and dress.

Dated _____

SIGNATURE OF STUDENT _____

SIGNATURE OF SCHOOL CONTACT _____

PARENT OR GUARDIAN NAME (PRINTED) _____

SIGNATURE OF PARENT OR GUARDIAN _____

Form to be used for career exploration for credit in Graduation Transition.