



HEALTH SCIENCES CHARTER SCHOOL WORK-BASED LEARNING PERMISSION SLIP

Work-Based Learning (WBL) is an effective teaching approach used to engage students in real-life occupational experiences. It incorporates structured, work-based learning activities into the curriculum, allowing a student to apply knowledge and skills learned in class and connect these learning experiences in the workplace. Work-based learning provides students with the opportunity to engage and interact with employers while learning to demonstrate essential employability and technical skills necessary for today's workforce.

While attending Health Sciences Charter School, your child will participate in various work-based learning opportunities off-campus, including but not limited to college visits, internships, and various field trips that align with the classroom curriculum. You will receive information about these activities before they take place. Rather than ask you for permission each time we have an event off-campus, we would like to have a blanket permission slip for your student to attend. It will also be necessary for you to assume any responsibility and liability for your child.

If this meets with your approval, please sign the statement below:

My student, _____
has my permission to attend all functions of the Health Sciences Charter School Work-Based Learning Program for the duration of the time he/she is enrolled at Health Sciences Charter School.

If emergency services involving medical action or treatment is required and neither parent/guardian nor family physician can be contacted for consent, the parent/guardian hereby consents to the rendering of such emergency medical service for the above student as shall be necessary for the medical opinion of the doctor rendering such service.

Please also be advised if there is a cost for the trip an additional letter of attendance will be provided by the teacher or administrator to your child who coordinated the trip. The amount of the cost will be collected before the trip occurs.

Parent/Guardian Name (please print): _____

Current Address: _____

Phone Number 1: Home _____

Phone Number 2: Cell _____

Phone Number 3: Work _____

In case of an emergency, please notify:

Name: _____

Name: Relationship to Student: _____

Phone Number: _____

Parent/Guardian Signature: _____

Date: _____

****If any of this information changes, it is the responsibility of the parent/guardian and or student to update with the school immediately.**