



# TRANSPORTATION PERMISSION

## COOPERATIVE EDUCATION

My child, \_\_\_\_\_ has my permission to participate in  
Name of Student Birth Date  
cooperative education at \_\_\_\_\_ beginning \_\_\_\_\_ and ending \_\_\_\_\_  
Work Site Location Date Date

**I will be responsible for arranging transportation for my child to and from the work site.**

**My permission is given for my child to receive emergency medical treatment in case of injury or illness.**

**I understand that school personnel will not be present when the student is at the site and will not be responsible for my child.**

### TO BE COMPLETED BY STUDENT

Name of Employer \_\_\_\_\_  
Address of Employer \_\_\_\_\_  
Nature of Work \_\_\_\_\_  
Employer/contact \_\_\_\_\_ Phone \_\_\_\_\_

### TO BE COMPLETED BY SCHOOL REPRESENTATIVE

Will the school-to-work opportunity for this student involve a hazardous occupation as defined under Federal guidelines?

Yes  No

Nature of work in the school-to-work opportunity: Cooperative Education

### TO BE COMPLETED BY PARENT(S) OR GUARDIAN

Transportation Arrangements \_\_\_\_\_  
Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

**The district shall not be liable for any injuries sustained by the student's participation in this program.**

**I have read the above information and fully understand and agree with the content.**

\_\_\_\_\_  
Parent/Guardian Signature Date Phone