



**Shadowing / Assessment Permission
to be completed by Parent/Guardian**

Student Name: _____

Birthdate: _____ Grade: _____

Address: _____

Home Phone: _____

Associate School: _____

PRINT Parent(s)/Guardian(s) Name(s): _____

Daytime Phone: _____

Daytime Phone: _____

- Please indicate if the student will be Shadowing an MCCC program, attending Career Assessment, or both?

☐ Shadowing ☐ Half Day ☐ Full Day

☐ Career Assessment ☐ Half Day ☐ Full Day

- Please list the Career-Technical Program(s) of interest: Program 1: _____

Program 2: _____

Does your child have or has he/she ever had any of the following? Please explain all YES responses.

Condition	√ If yes	Explain	Condition	√ If yes	Explain
Allergies			Fainting / Seizure		
Asthma			Vision Problems		
Diabetes			Hearing Loss		
Other:					

If your child is taking medication, please fill in the following:

Medication	Dosage	Times	For Treatment of

☐ Yes ☐ No In your opinion, does your child have any physical or medical concerns which may limit him/her in a career-technical training program or on a job? If "yes" please explain _____

☐ Bus ☐ Drive/Self ☐ Ride/Other Please indicate the preferred mode of transportation to and from MCCC.

1. Student agrees to abide by all Career Center rules and regulations.
2. Student will provide own lunch or bring sufficient money for lunch (minimum of \$4.00).
3. Student must dress in accordance with Career Center Policies (closed toed shoes).

Parent/Guardian Name - Electronic Consent

Student Name - Electronic Consent

Date

YOU MUST USE THE EMAIL ON-FILE WITH YOUR SCHOOL TO RETURN THIS FORM AND AUTHENTICATE THE PARENT/GUARDIAN AS THE SOURCE OF THE ELECTRONIC CONSENT. THIS WILL INDICATE THAT YOU READ, UNDERSTAND AND AGREE WITH THE MCCC REGULATIONS, POLICIES, AND WAIVER RELEASE STATEMENT ON PAGE 2. I GIVE PERMISSION TO PARTICIPATE IN THIS VISIT AND CONSENT TO RELEASE EMERGENCY MEDICAL INFORMATION.

EMERGENCY MEDICAL INFORMATION: (Choose either Part I **or** Part II.)

Part I: GRANT CONSENT

- ☐ In the event reasonable attempt to contact me at _____ (Home/Cell Phone) or at _____ (Work Phone) have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by a licensed physician or dentist, and the transfer of my child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Part II: DENY CONSENT (Do NOT complete if you completed Part 1)

- ☐ I do not give consent for emergency medical treatment of my child.

STATE REPORTING INFORMATION:

In accordance with Ohio's Federal Guidelines of the "No Child Left Behind" Act of 2001, all school districts are **required by law** to collect the following data on all students entering their district.

Part A: IS THIS STUDENT HISPANIC/LATINO?

- ☐ **No, not Hispanic/Latino**
- ☐ **Yes, Hispanic/Latino** *A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.*

The above part of the question is about ethnicity, not race. No matter what you selected above, **please continue to answer the following** by marking one or more boxes to indicate what you consider your student's race to be.

Part B: WHAT IS THE STUDENT'S RACE?

- ☐ **American Indian or Alaskan Native** *A person having origins in any of the original peoples of North and South America; including Central America, and who maintains tribal affiliation or community attachment.*
- ☐ **Asian** *A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.*
- ☐ **Black or African American** *A person having origins in any of the black racial groups of Africa.*
- ☐ **Native Hawaiian or Other Pacific Islander** *A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.*
- ☐ **White** *A person having origins in any of the original peoples of Europe, the Middle East or North Africa.*

Parent/Guardian Name _____ Date _____

Alternate Emergency Contact _____

Daytime Phone/Cell: _____

WAIVER RELEASE:

We the parent(s)/guardian(s) for the aforementioned student hereby give consent for the aforementioned student to participate in the Medina County Career Center Field Trip listed on page 1. In consideration of the Center's agreement to permit the student to attend the Field Trip, we hereby release the Board of Education of the Medina County Career Center, its officers, members, employees and agents, in both their official and individual capacities (collectively the "Board") from any and all liability or demands for personal injury, sickness or death, as well as property damage expenses of any nature whatsoever which may be incurred by the parent(s)/guardian(s) and the student-participant while said student is participating in the Field Trip.

Furthermore, we the parent(s)/guardian(s), on behalf of the aforementioned student, hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of the student's participation in the activity involved herein.

The parent(s)/guardian(s) further agrees to hold harmless and indemnify said Board, its officers, members, employees and agents for any liability sustained by said Board as a result of the negligent, willful or intentional acts of the student.

If the student requires emergency treatment as a result of an accident or event that occurs while traveling to and from or participating in the Field Trip, such treatment is to be provided, consistent with the Emergency Medical Consent indicated on this form. We will assume the responsibility for any medical bills incurred as a result of treatment provided to the student.

We further understand, consent and agree that the Board of Education of the Medina County Career Center, its officers, members, employees and agents, including the Activity Advisor will not be held responsible for the results of treatment.

The Medina County Career Center, JVSD is committed to equal opportunity for all and does not discriminate on the basis of race, color, national origin, religion, sex, disability, or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups.