



Clayton A. Bouton High School

JENNIFER WADEMAN
WORK EXPERIENCE COORDINATOR

(518) 765-3314 • FAX (518) 765-5547
432 NEW SALEM RD, VOORHEESVILLE, NY 12186

September 2007

Dear Parent/Guardian:

Your son / daughter has enrolled to participate in our Career Exploration Internship Program (CEIP). CEIP is an opportunity for your child to explore a career of their choice through a partnership between Clayton A. Bouton High School and a local company. Your son / daughter will complete 54 hours of unpaid work at the employer's work site and additional hours of classroom instruction.

This arrangement, real-world work experience combined with classroom instruction, allows your child to learn and apply their knowledge and skills in a controlled setting. Your son/daughter will be assigned a mentor at the work site and I will oversee the entire program. I am your contact if you or your child should have any questions or concerns. You can reach me at 518-765-3314, extension 349. The CEIP program meets all federal and state labor and employment laws.

In order for your child to participate in the CEIP program, I will need your signature on a few forms. I appreciate you taking the time to read and fill out this paperwork.

If you object to providing any of the information requested, or if you have any questions, please contact me at (518) 765-3313, extension 349 or wademan@vcsdk12.org.

Sincerely,

Jennifer Wademan
Work Experience Coordinator



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PARENTAL CONSENT FORM

Both student and parent are required to initial next to each statement.

_____ I give permission for my child to participate in work-based learning activities through the program at the school. I recognize that there is an increased, inherent risk for my student while participating in work-based learning activities. I understand that this program may involve activities that take place off school grounds, during, or exceeding school hours (and that may not be directly supervised by a school employee) such as job shadows, employer visits and tours, interviews, work-based learning at training sites, paid employment positions, and other activities.

Photo Release:

_____ I grant permission for photographs of my child to be used for promotional/educational purposes related to the internship program.

Medical Authorization:

_____ Should it be necessary for my child to have medical treatment while participating in the internship program, I hereby give the Voorheesville Central School District personnel permission to use their best judgment in obtaining medical service for my child, and I give permission to the physician selected by the school to render whatever medical treatment he/she deems necessary and appropriate. Permission is also granted to release necessary emergency contact/medical history to the attending physician, if needed. (please complete the MEDICAL FORM attached)

Confidentiality Statement:

_____ It is understood that in the performance of duties in the internship program, the intern must hold in confidence all information seen, heard or learned during the experience. Any violation of confidentiality on the intern's part may result in immediate dismissal from the program and a failing grade for the course.

Transportation Agreement:

This transportation agreement outlines the student's privilege of driving to and from internship activities and sites such as job shadows, employer visits and tours, interviews, job sites, training sites and other activities.



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It is understood by all parties:

- _____ Transportation is not the responsibility of the school or the employer. The school and / or the employer will not provide transportation under any circumstances.
- _____ That the student will be driving to and from his/her work-based learning activity site only. After the activity is completed for the day, the student will go directly back to the school or to his/her residence.
- _____ The student will not transport any other student(s) while involved in any work-based learning activities.
- _____ The student will drive at legal speeds and in a safe and normal manner.
- _____ It is the responsibility of the student and her/his family to ensure that the student is covered by automobile insurance, and that he/she will only drive a properly insured, inspected, and registered vehicle.

Infractions of these rules will result in the loss of driving privileges and possible dismissal from the internship program.

We, the undersigned, have read, fulfilled, and agree to the above requirements.

Student Signature:		Date:
Parent/Guardian Signature:		Date:
Internship Coordinator Signature:		Date:
Student Name		



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STUDENT MEDICAL INFORMATION

Student Name:	Home Phone Number:
Student Address:	Cell Phone Number:
Student Date of Birth:	
Parent / Guardian Name: (call first)	Daytime Phone Number:
	Cell Phone Number:
Parent / Guardian Name:	Daytime Phone Number:
Emergency Contact Name (other than Parent / Guardian):	Phone Number:
Relation to Student:	

Family Doctor Name:	Phone Number:
Preferred Hospital:	Phone Number:
Hospital Address:	

Does your child require any special accommodations due to medical limitations, disability, dietary constraints, or other restrictions? Please Explain:
