



# Evergreen School District #114

13501 NE 28<sup>th</sup> Street, PO Box 8910 Vancouver WA 98684-8910

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## Assurance of Medical/Accident Insurance and Consent to Treatment

The parent(s), student and prospective Learning Site Supervisor understand that, even though this is a non-paid position, the student will perform functions which may involve risk or injury as if he/she were a paid employee. To assist families, an optional school accident/medical insurance program is recommended. Check one:

\_\_\_\_\_ Student is currently enrolled in the School Insurance Program

\_\_\_\_\_ Student is not currently covered by accident insurance. Please send appropriate information/forms to register my students for student accident insurance.

\_\_\_\_\_ Student is not enrolled in the School Insurance Program; we carry our own accident/medical insurance.  
Name of Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

\_\_\_\_\_ Student is currently covered by State Medical Coupons

\_\_\_\_\_ I wish for my daughter/son to participate in this program. I do not have private medical coverage and do not elect to subscribe to the insurance offered by the school district. I am aware any liability for injury is my responsibility.

1. In the event of illness or accident, I understand reasonable efforts will be made to contact the parent/guardian or the emergency contact immediately. If not available, **I authorize the school district or learning site personnel to secure emergency medical care as needed on my behalf.** I agree to be responsible for the cost of any medical services and to reimburse Evergreen School District or the learning site for medical expenses they incur on behalf of my child.

Emergency Contact \_\_\_\_\_ Phone No. \_\_\_\_\_

**Special medical conditions** that would restrict or prevent my child from participation in scheduled activities are:

\_\_\_\_\_

2. I release \_\_\_\_\_ School District and \_\_\_\_\_ (training site) from any claims my child might have for injuries or damage resulting from the risk and dangers involved in this type of activity unless caused by the sole negligence of either party.

## CONSENT

While teachers and other school employees who work with students on a daily basis are required to undergo a criminal background check, it is important to understand that your child may be working with adults in the community who are not subject to similar criminal background checks. I understand that my child may come in contact with community members who have not completed a criminal background check.

This work-based learning activity provides a learning experience for the students and allows them opportunities to apply their classroom instruction. I have read and am aware of the special risks and/or dangers inherent in participation in this activity.

I have read the information on this form. I approve my student's participation in the Work-Based Learning program. I agree to provide necessary transportation and authorize any emergency medical treatment.

This signature authorizes emergency medical treatment and the agreement to defend and hold harmless the School District, community and Work-Based Learning Worksite from any and all claims and losses resulting from student travel between sites.

### Required Signatures:

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

WBL Coordinator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Evergreen School District is an equal opportunity/affirmative action employer under state and federal laws. Assure compliance with state and federal guidelines and regulations regarding nondiscrimination against any employee/student on the basis of race, color, national origin, sex or disability in recruitment, hiring, placement, assignment tasks, hours of experience/employment, levels of responsibility, and pay, if applicable.

Comply with state and federal laws pertaining to sexual harassment.