



# Career Exploration Programs Parental Consent Form

**STUDENTS:** Return the completed form to your school's YCAL representative.

The York County Alliance for Learning works with educators and businesses to provide career exploration opportunities for its K-12 Educational Partner Schools. These programs can be an important tool to help a student understand different career paths and work standards, which will aid in his/her future educational and career pursuits. As a parent of a student seeking to participate in this program, we applaud you supporting the active role he/she is taking in the planning of their future educational training and employment after high school graduation.

**Student First Name:** \_\_\_\_\_ **Student Last Name:** \_\_\_\_\_

**High School:** \_\_\_\_\_ **Grade Level:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Dear Parent/Guardian:**

In case of an emergency involving your student, list **two** people to be contacted (you may include yourself):

	<b>Emergency Contact #1</b>	<b>Emergency Contact #2</b>
Name:	_____	_____
Relationship:	_____	_____
Cell Phone:	_____	_____
Other Phone (Work/Home):	_____	_____

- Does your student have any medical conditions that may require attention? (e.g. Asthma, Food Allergies, Hearing or Vision Impairment, etc) (Circle) Yes No  
If yes, please describe.
- Does your student require medication that may need to be taken or administered throughout the course of this program (e.g. Inhaler, Insulin injection, EpiPen) (Circle) Yes No  
If yes, note the provision(s) you have made, and any information of which we must be aware.
- Does your student have any dietary restrictions for medical, religious, or other purposes? (Circle) Yes No  
If yes, please describe.

4. In case medical information is required, your family doctor may have to be contacted:  
Family Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_



*Connecting educators and employers to engage students in career education and development*

**If accepted as a participant in a YCAL Career Exploration Program...**

- As a parent/guardian of a student applying for a YCAL Career Exploration Program, I understand and hereby give my consent to my daughter/son's participation which includes visits to various companies and other locations.
- I understand that the student may be walking, taking public transportation or traveling by other means to these locations without teacher or adult supervision. I understand that during each session the student will be accompanied by personnel from local school district(s), the York County Alliance for Learning and/or members of the organization/company who is sponsoring the program.
- We (the student and the parent or guardian), to the extent permitted by law, do hereby assume any and all risk and liability for losses or damages to property and for damages, injuries or death to the student which may arise in connection with travel to or participation in activities, programs or functions coordinated by Career Exploration Program Sponsors, or York County Alliance for Learning, and hereby, for the student and for myself and our heirs, executors, administrators, successors and assigns, do release and discharge the entities herein stated and each of their affiliates, officers, directors, employees, volunteers, predecessors, successors, representatives and assigns, from any and all claims, actions, and liabilities arising from or relating to with travel to or participation in activities, programs or functions set forth by YCAL Career Exploration Programs
- We grant permission for videography, photographic, audio recording and sharing on social media of the student's participation in activities, programs or functions sponsored by YCAL Career Exploration Programs and for the use of such recordings by or with the consent of Career Exploration Program Sponsors for promotional and educational purposes
- We grant permission to Career Exploration Program Sponsors to track the educational and employment history and status of the student following the student's participation in YCAL Career Exploration Programs.

**PLEASE NOTE:**

**Your student must have transportation to and from these events to have his/her application accepted and to participate in the program(s) they have elected to participate**

*I have read the previous statement and will ensure arrangements are made for the transportation for my student.*

We have carefully read the foregoing consent and release form and know and understand the contents thereof. We sign this consent and release voluntarily as our own free act with knowledge of its significance, intended to be legally bound thereby.

Student Name: \_\_\_\_\_  
(please print)

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
(please print)

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_



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