Consent to Participate in Work-Study and Consent for Treatment

I, _____, the parent/legal guardian of _____ give my consent for my child to participate in the work-study experience through Wamego Special Services Cooperative and my school district.

I further give my legal consent and authorize any representative or school or business partner to authorize emergency medical treatment, including any necessary surgery or hospitalization, for my above-named child, for any injury or illness of an emergency nature he/she incurred while participating in the activity noted above by an physician or dentist licensed in accordance with the provisions of the Kansas Healing Arts Act, K.S.A. 65-2801 and any hospital.

I agree to pay and assume all responsibility for medical and hospital expenses and any emergency service incurred on behalf of my child. I acknowledge and agree that our school district or the business partner is not responsible for any medical, hospital expenses and/or charges that are incurred in the medical treatment or hospitalization of my child. A photocopy of this document shall have the same force and effect as the original. If my child requires emergency medical treatment, I understand school personnel or the business partner will make a reasonable attempt to contact me to seek my permission to authorize treatment. To facilitate contacting me, I agree to provide current work and home phone numbers to the school.

_____ _____

Parent or Legal Guardian Date

Contact Phone Number _____

VERIFIATION

State of Kansas, County of _____

_____ **of lawful age, being first duly sworn, deposes and states as follows:**

That he personally witnessed the signing of the above and foregoing document by the person or persons whose name appears thereon.

Subscribed and sworn before me this _____ **day of** _____, _____

Notary Public _____

(SEAL) My Appointment expires _____

This form must be signed and returned to the school by January 8, 2008 if the student named above is to participate in the work-study activity.