



Shadowing/Visitation Experience

Students Visiting JVS From Other Schools

What the Visitor must do.

1. Have Parent or Guardian complete the Emergency Medical Authorization form (page 3 & 4). **This form must be signed by the Parent or Guardian of the visitor.**
2. Obtain written permission (on school stationary) from his/her principal to visit the JVS on the proposed date.

What the JVS Student must do.

3. Complete the Shadowing/Visitation Form (page 2):
 - a. Fill in all information including the proposed date of visit. Paperwork will not be accepted if it is incomplete.
 - b. All of the JVS Instructors must sign the Shadowing/Visitation form giving their permission to have a visitor in their classroom/lab on that date.
4. **The JVS Student must return this entire packet** (Shadowing/Visitation Form, signed Emergency Medical Form, and written permission from home school principal) to the JVS Student Services Office at least 1 week prior to the proposed visit.

The JVS Recruitment coordinator will review the materials submitted and notify the attendance office of the date for the proposed visit.

**** Upon entering the JVS on the date of the visit, the student must report to the Student Services Office to sign in and receive a visitor's pass. ****



Shadowing/Visitation Form

JVS Student's Name: _____ Program: _____

Visitor's Name: _____ Grade: _____

Visitor's Homeschool: _____

Date of Proposed Visit: _____

Signatures of JVS Instructors

By signing this form, you are permitting the above visitor to attend your lab/classroom on the proposed date.

Period 1. Instructor: _____ Course: _____

Period 2. Instructor: _____ Course: _____

Period 3. Instructor: _____ Course: _____

Period 4 & 5. Instructor: _____ Course: _____

Period 6& 7. Instructor: _____ Course: _____

Period 8. Instructor: _____ Course: _____

Period 9. Instructor: _____ Course: _____

Period 10. Instructor: _____ Course: _____



EMERGENCY MEDICAL AUTHORIZATION
2011-2012

PURPOSE: to enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

Student Name (Last) (First) (Middle) Program Teacher
Address (Street) (City) (Zip) Date of Birth Grade
Telephone Number Student ID # Home School

PART I or PART II MUST BE COMPLETED.

PART I (TO GRANT CONSENT)

In the case of an emergency, I hereby give consent to the following medical care providers and local hospital to be called:

Doctor: Phone:
Dentist: Phone:
Medical Specialist: Phone:

List any facts and instructions concerning the child's medical history including allergies (severity & medication needs), medications being taken, and any physical impairments to which a physician should be alerted:

Note: Orders are required for medication to be administrated.

I would like this information included on a confidential health concern list that would be distributed to school personnel.
Please circle your response: Yes No Signature of Parent Date

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or, in the event the designated preferred physician is not available, by another licensed physician or dentist, and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Mother's Name: Daytime phone:
Cell Phone: E-mail:
Father's Name: Daytime phone:
Cell Phone: E-mail:

Other Emergency Contact if Parent Cannot Be Reached:

Friend or Relative

Name: Relationship:
Address: Daytime Phone: Other

DO NOT COMPLETE PART II IF YOU COMPLETED PART I

PART II (REFUSAL TO CONSENT)

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or to:

Date _____

Parent Signature _____

INSURANCE

If you do not have insurance, please mark none and sign both parent and student.

_____ is insured with _____
Student's Name Name of Company

Policy number _____ covering hospital and medical care. We request that our son/daughter be exempt from paying for school insurance for the school year. We assume responsibility for the medical costs due to injury or illness. (If no insurance write none and sign.)

Parent Signature

Student Signature

**LORAIN COUNTY JVS
FIELD TRIP PERMISSION FORM**

Students at the Lorain County JVS are permitted to take school approved trips during the school year. Please read the following before signing.

1. I give my son/daughter permission for school approved educational, competitive, and service field trips taken during the school year.
2. Field trips are an extension of the classroom; therefore, students are expected to follow school regulations as enforced by the instructors and chaperons. Infractions of the regulations will be handled in accordance with the JVS Disciplinary Policy.
3. I understand that for medication to be administered a Medication Administration form must be completed.
4. My signature means that I have read and consented to the above conditions.

Student's Signature

Parent's Signature

PHOTO / VIDEO CONSENT AND RELEASE

We, the undersigned, (student and parent/guardian if a minor), hereby grant to the Lorain County JVS, the right to use and publish photographs/videos of me, my image, likeness and/or quotes for the purposes of education or promotion (for any social media networks, publicity, advertising, and marketing) of the Lorain County JVS and its related activities.

Additionally, we waive the right to inspect and/or approve the finished product and the use(s) to which it will be applied. Furthermore, we release the Lorain County JVS from any future liability or compensation claims associated with the use of said photographs/videos.

Student's Signature

Parent/Guardian Signature