

## Informed Consent for Students Participating In Cooperative Education

The Cooperative Education Program requires me to spend a considerable amount of time working and learning in the community as a Co-op student. I will represent my school in a responsible manner and in accordance with my school's "*Catholic Code of Conduct*".

**I understand that** I must follow all the rules of the Co-op program. I will:

- attend regularly and be punctual both in school and at my work placement;
- if absent from the workplace, report my absence to my supervisor and my teacher before the start of the work day;
- complete all required assignments;
- abide by the rules of the workplace
- work co-operatively and communicate in a positive manner with my cooperative education teacher(s), placement supervisor(s), fellow workers and students;
- work the required hours as indicated on my Work Education Agreement;
- maintain strict confidentiality regarding workplace matters;
- follow safety rules.

**I understand that** I will be covered by the Workplace Safety and Insurance Board (WSIB) for the hours specified on my Work Education Agreement.

**I understand that** if I am being paid by my employer, that I will be covered for Workplace Safety and Insurance by my employer.

**I understand that** if I have an Individual Education Plan, my teacher may discuss with my supervisor the necessary accommodations and modifications required to allow me to be successful.

**I understand that** I am responsible for transportation to and from the workplace. I understand that it is the recommendation of the Dufferin-Peel Catholic District School Board that I use public transit rather than drive a vehicle. I understand that if I choose to drive a vehicle to and from work, I will be covered by my own insurance.

**I understand that** if driving a motorized vehicle is a necessary learning component of my placement, I must have the appropriate classification of driver's licence before driving a vehicle. This must be noted on my Personalized Placement Learning Plan, and the Risk Management Acknowledgement Form must be signed by all parties.

**I understand that** if the placement requires me to travel as a passenger in a company owned or personal vehicle, the Dufferin-Peel Catholic District School Board provides no insurance coverage. It is the responsibility of the insurer of the vehicle to provide coverage for passengers.

**I understand that** waivers or release forms are not to be signed by students or the parent(s)/guardian(s) unless they have been approved by the Dufferin- Peel Catholic District School Board. Any forms designed to release a company of responsibility or liabilities are to be brought to the attention of the Cooperative Education Teacher immediately.

**I understand that** I must declare to my Co-op teacher any medical condition, which may affect my Co-op placement. I understand I may have to undergo a medical examination or provide medical information before acceptance into some work placements. It is strongly recommended by the Dufferin-Peel District School Board that students obtain additional personal medical/accident insurance.

**I understand that** some placements require a Criminal Reference Check, letters of reference, or other screening procedures before a placement can be secured.

**I understand that** certain placements may require another set of specialized application forms and subsequent interviews prior to my acceptance.

**I understand that** I may have to wear prescribed clothing for my placement (e.g. personal protective equipment, business attire, etc).

**I understand that** I must observe all health and safety regulations at my Co-op work placement.

**I understand that** I must provide my Co-op teacher with updated information should there be any change in the data I have provided on my Work Education Agreement.

**(to be completed by parent(s)/guardian(s))**

**I understand that** government legislation dictates that the work placement assumes the responsibility of providing a safe work environment with proper industrial safety procedures and job-site training.

**I acknowledge that** Cooperative Education placements can pose an element of risk through no fault of the Dufferin-Peel Catholic District School Board or the Cooperative Education Program.

The risks must be assumed by the participant and/or the participant's parents/ guardians.

I understand that I can request further information about specific job-related risk from the school.

### PERMISSION and ACKNOWLEDGMENT

**Please acknowledge that you have read and understand the above and that you give permission for participation in the Cooperative Education placement indicated below.**

I give \_\_\_\_\_ permission to participate in the Cooperative  
(Student name)

Education Program at: \_\_\_\_\_  
(placement)

**I have read the above information. I understand that by allowing my child to participate in this Cooperative Education placement at \_\_\_\_\_ that I am assuming the risks associated with doing so.**  
(placement)

**(to be completed by the student)**

I understand that failure to comply with the above conditions/rules may result in my removal from the program and loss of academic credits.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent(s)/Guardian(s) Signature (If student is under 18 years of age)

\_\_\_\_\_  
Date

Copy :  Parent(s)/Guardian(s) / Student/Adult student  
 O.S.R.