**Executive Internship**

**Student-Parent Agreement**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, would like to participate in a work-based learning experience at the healthcare facility listed on the scheduling form. By selecting this option, I agree to the following:**

**Academics:**

**\_\_\_\_\_I understand that this experience is a class grade.**

**\_\_\_\_\_I understand that there are reflection forms that must be completed for a class**

 **grade as well.**

**\_\_\_\_\_I understand that I must be grade eligible, and not on academy probation to**

 **participate. As well, I must show maturity and respect at all times.**

**Dress Code:**

**\_\_\_\_\_I understand that royal blue medical scrubs, tennis shoes/sneakers, hair up and**

**secured from shoulders, minimal jewelry, facial piercings removed/covered, and a student ID must be worn at all times.**

**\_\_\_\_\_Should my business require it, I will dress in the appropriate attire suggested by**

 **the healthcare facility.**

**Attendance:**

**\_\_\_\_\_I will attend every shadowing experience as defined in the work-based learning packet**

 **(25 total hours for academy Juniors and 50 total hours for academy Seniors).**

**\_\_\_\_\_I will arrive on time to each shadowing experience.**

**\_\_\_\_\_I understand that my attendance will be monitored by my instructor and**

 **consequences can occur if I chose not to attend.**

**\_\_\_\_\_I will not depart my shadowing experience until a minimum of 2 hours is**

 **completed each visit.**

**Attitude:**

**\_\_\_\_\_I will maintain a positive, respectful, and mature demeanor at all times.**

**\_\_\_\_\_I will maintain confidentiality as outlined by the healthcare organization.**

**\_\_\_\_\_I will represent DHS and the HSA in a professional manner.**

**\_\_\_\_\_I will treat all employees at the healthcare facility as a professional should be**

 **treated and respected.**

**Approval:**

**\_\_\_\_\_I understand that I may not attend the named facility unless all paperwork is**

**submitted, approved by my instructor and final approval has been granted.**

**Transportation (Parent/Guardian):**

**\_\_\_\_\_I understand that my child must provide his/her own transportation to and from**

 **this work-based experience.**

**I agree to all the terms of this work-based learning experience agreement. I have read and discussed this experience with my child and endorse the work-based learning experience. I shall strive to ensure that my child abides by the rules set forth herein.**

**Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**