

SCHOOL BOARD OF ST. LUCIE COUNTY, FL

Career & Technical Education Academy of Medical Science

Student/Parent Agreement

The **Medical Science Program** is designed to develop a student academically and socially. In doing this, there are definite responsibilities that must be taken. The student must realize and agree to cooperate in carrying these responsibilities out to the fullest extent.

As a condition for continuation in this program, students must agree to the following rules. I therefore agree to the following:

1. To abide by all school rules.
2. To be regular in attendance at school and the clinical internship as assigned. Any student who has accumulated more than two absences, whether excused or unexcused within a marking period will be expected to make up the hours after school or on a weekend.
3. To notify the coordinator in advance in case of necessary absence.
4. To perform all my duties in a creditable manner.
5. To perform related study assignments with earnestness and sincerity.
6. To know the coordinator is the recognized authority for making adjustments or changes in the clinical internship program.
7. To know if my conduct or performance is not satisfactory that training can be discontinued and I will fail the course.
8. To have my parent or guardian cosign this agreement.
9. To obtain any necessary immunizations for my clinical internship.
10. To purchase a name badge and uniform shirt for the clinical internship.
11. To abide by the dress code as established by the HOSA advisor/clinical site.

As a result of enrollment in the Medical Science Program, your child may be exposed to communicable infections. Your child will be taught how to protect him/herself from contracting infection and is expected to follow the practices taught in this program.

Some examples of clinical internship sites are listed below. This list is not inclusive of all sites, it is a guide. If you have further questions or concerns please contact the teacher.

*Radiology
Medical Laboratory
St. Lucie County Fire/Rescue
Veterinary Clinic*

*Nursing Home
Assisted Living Facility
Physical Therapy
Dietary Department*

Student Signature

Parent or Guardian's Signature

Date