



# Parkway West Career and Technology Center

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## COVID – 19 COOPERATIVE EDUCATION INTERNSHIP AMENDMENT 2020- 2021 School Year

### PARENT REQUEST/PERMISSION

I request that my child \_\_\_\_\_, be permitted to participate in the Cooperative Education Program at Parkway West Career and Technology Center (PWCTC). I am aware that PWCTC does not have control over the employer regarding the implementation of safety protocols pertaining to COVID-19. It understand that it is my child’s responsibility to practice good hygiene and to follow the guidelines of the Center for Disease Control (CDC).

I will not hold Parkway West Career and Technology Center accountable if my child contracts COVID -19. In the event that the Employer’s safety procedure program does not abide by required guidelines, or my child does not feel safe participating in the program, PWCTC will make alternate arrangements for the student.

\_\_\_\_\_  
Parent/Guardian’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student’s Signature

\_\_\_\_\_  
Date

### EMPLOYER AGREEMENT

I \_\_\_\_\_, agree to provide Parkway West Career and Technology Center (PWCTC) with our Company’s COVID-19 Safety Plan and to train the identified student learner with our COVID-19 Safety Protocols. PWCTC has provided our Company with their Health and Safety Plan.

\_\_\_\_\_  
Employer’s Signature

\_\_\_\_\_  
Date