



*New Braunfels High School  
Career & Technology Education  
New Braunfels Independent School District*

Janet Fuller  
Health Science Technology  
Teacher/Coordinator

2551 Loop 337 North, New Braunfels, Texas 78130  
local 830.627.6175  
cell 830.643-9987  
fax 830.627.6001  
email [jfuller@nbrids.org](mailto:jfuller@nbrids.org)

## **Affiliation Agreement\***

### **Clinical Rotation for Health Science Technology Education I**

This agreement is by and between New Braunfels Independent School District and

Comal County Health Dept

for the operation of the general and technical aspects of the Clinical Rotation, at New Braunfels High School.

The New Braunfels Independent School District agrees to assume the following responsibilities:

1. Assign students to the specific areas of rotation.
2. Provide clinical personnel with learning objectives for the students in each rotation area.
3. Actively communicate with personnel of all clinical facilities and students to coordinate the program.
4. Instruct students to maintain the confidentiality of all patient records and to ensure student cooperation.
5. Maintain records of student progress and evaluate student learning.
6. Observe policies of each health care facility regarding patient care.

The health care facility agrees to assume the following responsibilities:

1. Be responsible for the total welfare and care of patients.
2. Directly supervise students in performance of all skills and procedures.
3. Explain clinical routines, procedures, and policies followed in the health care facility.
4. Assist in evaluating student progress and performance.

The school faculty member will be the liaison between the student and the health care facility for the development of the student's knowledge and skills.

All activities, functions, or duties of the student are to be performed under the direct supervision of qualified health personnel.

The school and the health care facility each have a distinct, yet cooperative responsibility for the education of each student. The facility will provide progress reports as needed if there are areas of concern regarding a student's attitude or performance. The facility retains the right to request reassignment of the student. Reassignment requests should be in writing.

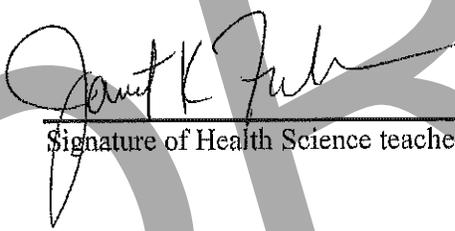
This agreement provides for continuing communication between the facility and the school as necessary to provide optimum experience for student learning. An annual evaluation and review of this agreement is encouraged.

Either party may terminate this agreement at anytime without cause with written notice to the other party. The party desiring the termination may arrange for a conference with the other participating agency.

In keeping with Title VI of the Civil Rights Act of 1964, no person shall, on the grounds of race, sex, color, or national origin, be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity included herein.

  
\_\_\_\_\_  
Signature of school official

\_\_\_\_\_  
Signature of official of facility

  
\_\_\_\_\_  
Signature of Health Science teacher/coordinator

\*Based on Affiliation Agreements from Aldine High School, Houston, Texas; Everman High School, Everman, Texas; and Sherman High School, Sherman, Texas

Grade 12  
Age 17  
Sex: M  F

Time of day related class meets \_\_\_\_\_

### TRAINING PLAN AGREEMENT Unpaid Work-Based Instruction

STUDENT Cott Scholl SOCIAL SECURITY NUMBER \_\_\_\_\_

Health Science Practicum 13020500

(Occupational Objective – Work-Based Learning /WBL Training Area) \_\_\_\_\_ (PEIMS Code) \_\_\_\_\_

PROGRAM AREA Health Science SCHOOL CAMPUS New Braunfels High School  
SCHOOL DISTRICT New Braunfels ISD COMPANY Comal County Health Dept

the student agrees to diligently perform the work-based training experiences and conscientiously pursue the coordinated classroom course of study as outlined in the attached training plan. Work-based training experiences will be assigned by the training sponsor and performed according to the same company policies and regulations applicable to regular employees. The student agrees to take advantage of every opportunity to improve his or her efficiency, knowledge, and personal traits in order to pursue further education and enter the chosen occupation as a desirable employee.

The company and school are responsible for providing students with opportunities for training in the basic skills of an occupation and knowledge of related technical information. In order to provide a systematic plan for well-rounded training, a schedule of work-based training experiences and a parallel classroom course of study have been coordinated and agreed upon by the training sponsor and teacher-coordinator.

It is understood that the work-based training experiences will be unpaid. In order to qualify for an exemption from wage requirements, all six of the following criteria must be met; training, even though it includes actual operation of the facilities of the employer, is similar to that which would be given in a vocational school; training is for the benefit of the students; the students do not displace regular employees, but work under their close observation; the employer that provides the training derives no immediate advantages from the activities of the students, and on occasion operations may actually be impeded; the students are not necessarily entitled to a job at the conclusion of the training period; and the employer and the students understand that the students are not entitled to wages for the time spent in training.

The training period begins the 29 day of Feb, and extends through May 31, 2016.  
There will be a probationary period of 30 days during which the interested parties may determine if the student has made a wise choice of an occupational training area, and if the training should be continued.

This plan may be terminated for just cause by either party without recourse.  
Students will be accepted and assigned to training stations without regard to race, color, creed, national origin, sex, or handicapping condition.

DO ANY TASKS FALL UNDER U.S. DEPARTMENT OF LABOR HAZARDOUS OCCUPATION ORDERS: YES \_\_\_\_\_ NO X

If Yes, the EXEMPTION for APPRENTICES and STUDENT LEARNING will APPLY for TASKS COVERED BY HAZARDOUS OCCUPATION ORDERS #5,8,10,12,14,16 AND 17 (see attachment) to the extent:

- 1) The hazardous work of the student learner/apprentice is incidental to the training;
- 2) Such work shall be intermittent and for short periods of time and under the direct and close supervision of a journeyman if the student is an apprentice or a qualified and experienced person if a student learner;
- 3) If the student is to be employed as an apprentice, the apprenticeable trade must be registered by the U.S. Department of Labor, Bureau of Apprenticeship and Training;
- 4) Safety instructions shall be given by the school and correlated by the employer with on-the-job training;
- 5) A schedule of organized and progressive work processes to be performed on the job shall have been prepared

(see reverse side).

The school, the training sponsor, and the student will endeavor to cooperate with each other to insure that the applicable exemption is satisfied.

#### SIGNATURE APPROVALS

<u>Cott Scholl</u> (Student)	<u>1/20/2016</u> Date	_____ (Training Sponsor)	_____ Date
<u>Loree Schell</u> (Parent or Guardian)	<u>01/20/16</u> Date	<u>Janet K Ful</u> (Teacher-Coordinator)	<u>1/19/16</u> Date

(Note: Each party to this agreement should receive a signed copy. Keep the original or a copy with the student's permanent record, and for students with disabilities, the Individual Transition Plan.)

REQUEST FOR APPROVAL TO OBSERVE COMAL COUNTY PUBLIC HEALTH  
INCLUDING LIABILITY RELEASE

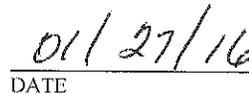
In consideration of being allowed to observe Comal County Public Health:

I, THE UNDERSIGNED, binding my heirs, executors, administrators and assigns, do hereby release and agree not to hold liable, the County of Comal, its elected officials, officers, agents and employees from any all action, claim, demand, casts or damage arising from or resulting from property damage, personal injuries or death sustained by my child or my property while participating in the observation of Comal County Public Health. I further agree, binding my heirs, executors, administrators and assign, to indemnify, hold and save harmless, Comal County, its elected officials, agents, officers and employees from any liability, actions, claims, damages, awards or judgments incurred or suffered by the County or individuals as a result of any act or omission by my child, or caused in part by a person indemnified hereunder. In addition, I make the following representations and acknowledgements upon which I intend the County to rely:

- (1) I understand and agree that while accompanying Comal County Public Health, my child is to be only lay observer and bystander with no active role whatsoever and will have and be given no duties, rights, powers, or authority whatsoever other than those conferred by law upon any person in like or similar circumstances as may arise from time to time.
- (2) I realize and agree that while participating in this project, my child will not be an agent, servant, or employee of Comal County and therefore will not be covered by Comal County for any workman's compensation, death or disability benefits.
- (3) I agree that any information my child may gain, through participation in this project will be used by my child only for his/her personal education purposes. The information received is confidential and not for public disclosure to anyone except as authorized by law or by court order. My child will hold all information received in strict confidence and shall prevent disclosure to others. I understand that the release of certain confidential information may be under penalty of law.
- (4) I understand that my child's participation in the above named program is a privilege subject to revocation at any time by Comal County.

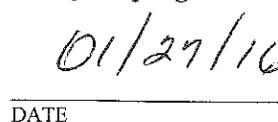
*With my signature I certify that I have carefully and completely read and understand the above information. I further certify that I agree to the terms set forth herein.*

  
SIGNATURE OF PARENT

  
DATE

*With my signature I certify that I have carefully and completely read and understand the above information. I recognize that it is a privilege to participate in this program. I agree to abide by all rules and conduct standards set forth by the program staff and by Comal County. I am responsible for my choices and will be held accountable for my conduct for the duration of the program.*

  
SIGNATURE OF STUDENT

  
DATE