

Hazardous Activity Parent Permission Waiver-Related Form

16- and 17-Year-Old Students

Iowa's Hazardous Occupation Exemption allows students to perform duties declared hazardous under Iowa Code § 92.8 so long as certain circumstances and conditions are met. This form only applies to school-sponsored, work-based learning programs or approved employer-administered work-related programs that provide specific skills training and meet all other requirements specified. This form only applies to 16- and 17-year-olds and to the specific duties as marked below:

Student Name: _____

Parent/Guardian: _____ Phone: _____

Address: _____

Date of Birth: _____ Grade Level: _____

School contact: _____ Phone #: _____

School: _____

Work Site: _____ Phone #: _____

Address: _____

Estimated Start Date: _____ Estimated Completion Date: _____

Work Activities Permitted with Waiver (Please check Activity)

- Operation of power-driven woodworking machines
- Operation of elevators and other power-driven hoisting apparatus
- Operation of power-driven metal forming, punching, and shearing machines
- Operation of certain power-driven bakery machines
- Operation of certain power-driven paper products machines
 - No waiver required: operation of balers if the machine is powered off and the key is stored in a separate area from the machine.
- Manufacturing of brick, tile, and related products
- Operation of circular saws, band saws, and guillotine shears
- Wrecking, demolition, and shipbreaking operations
- Roofing operations
- Excavation
- Work activities in or about foundries
- Operation of dry cleaning or dyeing machinery
- Transmission, distribution, or delivery of goods or messages between the hours of 10 PM and 5 AM

How long will student be participating in hazardous duties per workday/shift? _____

The employer has attested to the following:

1. The permitted hazardous work activities of the 16- or 17-year-old will be performed under adequate supervision and training with adequate safety precautions.
2. Terms and conditions of employment will not interfere with the minor's health, well-being, or schooling.
3. The employer will engage the minor in learning the permitted hazardous activities for a reasonable amount of time in a day/shift, with that amount of time specified in the employer's waiver application.
4. That the work is not prohibited under section Iowa Code § 92.8, subsection 1,2,4,7, 8, 18 or 19A.

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5. Safety and training instruction aligned with on-the-job training shall be given to the parent/guardian by the school if there is school partner, or by the employer if there is not a school partner.

(Reference: [Senate File 542, Section 92.8A\(1\)\(a-d\)](#))

By signing the Hazardous Work Activity Parent Permission Non-Waiver Form, I _____ (Parent/guardian name) _____ acknowledge the following:

- I understand that my student chose to participate in the following work-based learning program and that by signing this form I am permitting my student to do so.

- I acknowledge that there may be certain unpredictable risks associated with participation in the in the following work-based learning program at work sites. I understand that business work sites are not under the control of any school.

- The business has the right to withdraw my student from participation in the following work-based learning program under the following conditions:
 - My student’s attendance and/or performance are unsatisfactory.

I have read this entire document, including the provision applicable to the student. My signature reflects my knowing and voluntary Permission and Release for my Student to participate in the following work-based learning program. The permission of the parent/guardian may be revoked at any time by written request to Iowa Workforce Development.

Employer Name

Employer Work-Based Learning Program Title (in partnership with or without a school)

Student:

<i>Printed Name</i>	<i>Signature</i>	<i>Date</i>
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Parent or Guardian:

<i>Printed Name</i>	<i>Signature</i>	<i>Date</i>
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Employer:

<i>Printed Name</i>	<i>Signature</i>	<i>Date</i>
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If partnering with a school program please also include the following signatures:

School Administrative Representative:

<i>Printed Name</i>	<i>Signature</i>	<i>Date</i>
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Work Experience Program Coordinator:

Printed Name

Signature

Date

Please submit completed forms to the following email address:

Iowa Workforce Development

youthemploymentwaiver@iwd.iowa.gov

Phone: 515-204-1378

References: [Senate File 542](#) (Effective July 1, 2023)