



Valley Regional Occupational Program

Parent/Guardian Release Form

TO PARENTS OR GUARDIAN:

PART A

(Student's Name) _____ has my permission to participate in:

Activity Event _____ Dates: To/From _____ Place _____

Under the supervision of Supervisor(s)/Teacher(s) _____

Home School: _____

Part B

(Student's Name) _____ has my permission to participate in the Valley Regional Occupational Program (VROP) sponsored activity event as stated above.

I understand that all VROP and home school rules apply during activities and my infraction of such rules will be reported to the home school site administrator for appropriate action. Furthermore, if my child is involved in the use of alcohol or other dangerous drugs, or violates any school policy, law or regulation, efforts will be made to notify me and if located I will, if necessary, have the option of either (1) coming after my child, or (2) giving permission to send my child home in a public carrier at my expense. Should I not be located, I authorize VROP to arrange for public transportation or care of my child at my expense.

In the event of an injury or other medical emergency, I authorize the movement and/or transportation required and authorize any qualified physician and/or surgeon to administer any treatment, medication, surgery, therapy, or radiology that he/she may deem necessary in such an emergency situation. I further authorize the transportation of my child by ambulance if necessary and agree to pay the expenses incurred.

I assume full responsibility and legal liability for my child and my child's actions while he/she is in transit to and from the VROP activity event in other than a VROP vehicle and identify, defend and hold harmless the VROP, its Board of Management, officers, employees, and agents, from and against any claims, suits, costs, expenses or damages, that any of them become subjected to by reason of my child's driving as herein permitted and authorized.

I give (Student's name) _____ permission to:

_____ ride with home school provided transportation (i.e. school bus).

_____ ride with the above named supervisor/teacher.

_____ ride with another student to and from the activity event.

(Student driver's name) _____.

_____ drive to the activity event in his/her own vehicle. I promise that my child will have in his/her possession during all of the time of driving to and from the VROP activity even, a valid California driver's license.

Signature of Parent/Guardian

Home Phone

Date

Emergency Phone

Family Doctor

Doctor's Phone

Home School Administrator

NOTICE OF NON-DISCRIMINATION

It is the policy of Valley ROP not to discriminate unlawfully in its educational programs and personnel practices on the basis of race, ethnic background, sex, color, religion, national origin, ancestry, age, physical handicap or medical condition. This non-discrimination policy applies to students, employees, and prospective employees of the Valley ROP. Contact: (559) 876-2122