



Valley Regional Occupational Program  
Parent/Guardian Release Form

TO PARENTS OR GUARDIANS:

**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 any 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 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 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 driving to and from the VROP activity event, a valid California driver's license. I further promise that the vehicle that my child will be driving to and from the VROP activity event will be adequately covered with insurance from a reputable and sound insurance company, including but not limited to public liability and property damage.

\_\_\_\_\_ Signature of Parent/Guardian

\_\_\_\_\_ Home Phone

\_\_\_\_\_ Date

\_\_\_\_\_ Emergency Phone

\_\_\_\_\_ Family Doctor

\_\_\_\_\_ Doctor's Phone

\_\_\_\_\_ Home School Administrator