# Baldy View Regional Occupational Program
# **Class Activity Permission Slip**

**Notice of:**
*(Please check one of the following)*

❑ Field Trip
❑ Co-Curricular Activity
❑ Change of Class Location

Instructions:
1. ROP instructor completes necessary information on form and gives to student
2. Student obtains parent of guardian signature.
    a. If all or part of activity is scheduled for other than regular scheduled ROP class time, take form to school representative for signature and then return to ROP instructor.
    b. If activity is during regular scheduled ROP class time, return form to ROP instructor.
3. ROP instructor will sign form after the activity and send one copy to high school with student to verify attendance.

Class _____ Instructor _____

Activity will be: _____

_____

Date of Activity _____ Time of Departure _____ Time of return _____
*(Field trip only)*

**The group may be transported in buses or privately owned vehicles by drivers who may or may not be employees of Baldy View Regional Occupational Program (R.O.P.).** In the event that the driver is not an employee of Baldy View ROP, neither Baldy View ROP not its insurance carrier in any way assumes legal responsibility for injuries arising from the operation of the vehicle. In the event the driver is employed by Baldy View ROP, he will be covered by Worker's Compensation only and students will not be covered by school district insurance. (Education Code 1081.5)

I hereby give consent for _____ my child, to go on this activity. I give permission for my child to be given emergency medical aid, if necessary. I have reviewed the REVERSE SIDE of this form.

| Contact Phone Number | Parent or Guardian's Signature<br>(Signature verifies reading reverse side of this form) | Date |
|---|---|---|
| _____ | _____ | _____ |

**FOR SCHOOL USE ONLY!!!**

**High School**

Student has permission from this school to attend the portion of this activity that is held during regular hours.

| School Representative<br>(Counselor/Career Technician) | Date | ROP Instructor<br>(Signature of instructor confirms student participation in activity.) | Date |
|---|---|---|---|
| _____ | _____ | _____ | _____ |