

ROCHESTER SCHOOL

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Central Vermont Big Picture Academy of Rochester High School Learning Through Internship (LTI) Permission Form

As part of the Central Vermont Big Picture Academy, your son or daughter will be participating in an Internship at a local business or with a local community member. These Internships can only take place with your support and permission. The following permission slip must be signed by a parent and returned to the school prior to the start of the Internship. **Verbal permission by phone is not permissible.**

Name of Student	
Internship (LTI) Location	
Mentors Name	
Start Date of Internship	
Estimated Ending Date of Internship	
Method of Transportation	

For our student's safety and well being, all mentors and others that students may come in contact with while at their LTI site will be screened based on the WNWSU volunteer policy. The policy states that all volunteers will be screened based on the Vermont Internet Sex Abuse Registry.

I hereby give permission for my child, _____,
to participate in the Internship listed above.

We recognized, however, that unanticipated situations and problems can arise on any trip, school-sponsored or otherwise, which are not foreseeable or reasonably within the control of the supervising teachers or staff (including parent volunteers). In such instances, we agree that the Rochester School and the supervising teachers and staff (including parent volunteers) are not to be held legally responsible in the event of accident or injury. We hereby waive and release any claim against the Rochester School and the supervising teachers and staff (including parent volunteers) harmless from any costs, liability, damages, or expenses related to the field trip. I further recognize that transportation for this field trip is provided by parent volunteers and in the event of an injury suffered during the transportation to and from the school, I agree to look solely to the insurance carrier providing insurance on the transporting vehicle for compensation and release and waive all claims against the Rochester School and any parent volunteer for any injury, accident, illness, or death during or by reason of the transportation for the field trip.

Further, in the event of an emergency, we give permission for the school to call emergency medical personnel to transport the student to the nearest medical facility and to authorize emergency treatment. We will assume full responsibility for all charges related to the above.

PRINTED Student's name

Telephone number

Signature of parent/guardian

Emergency number

