

ROCHESTER SCHOOL

222 South Main Street, Rochester, VT 05767
www.rochesterschool.org

Mary Sue Crowley
Rochester School Principal

HS Office: (802) 767-3161
HS Fax: (802) 767-1130
ELEM Office: (802) 767-4632
ELEM Fax: (802) 767-3356

Andrew P. West
Curriculum Coordinator
Big Picture Learning Director



Central Vermont Big Picture Academy of Rochester High School Shadow Day Permission Form

As part of the Central Vermont Big Picture Academy, your son or daughter will be participating in several Shadow Days at local businesses or with local community members. These Shadow Days 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 Shadow Day. **Verbal permission by phone is not permissible.**

Name of Student	
Shadow Day Location	
Date of Shadow Day	
Time of Departure from School	
Time of Return to School	
Method of Transportation	

- I hereby give permission for my child, _____, to attend the above listed Shadow Day on their own.
- I hereby give permission for my child, _____, to attend the above listed Shadow Day only with adult supervision by school staff.

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

