

East Valley High School Culminating Senior Project

Parent/Guardian Informed Consent

My student has permission to participate in the East Valley High School Culminating Senior Project Program. I understand that it is a graduating requirement and must be completed within the guidelines and timelines established. (Timeline posted online at www.evsd90.org/evhs spring of junior year)

Student's Name: _____ Phone: _____

Student Mailing Address: _____ City: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____ Cell #: _____

Connections Coach: _____

Supervision and transportation are to be provided by your parents or guardian

In case of Medical Emergency:

Parent/Guardian's Name: _____ Day Phone: _____ Evening Phone: _____

Emergency Contact Person: _____ Phone: _____

Family Physician: _____ Phone: _____

List any Medications: _____ List Any Allergies: _____

Other: _____

Name of Medical Insurance Carrier: _____ Phone: _____

The undersigned authorizes and directs any medical or surgical care including anesthesia, laboratory x-rays, and other procedures necessary in the emergency medical care of the above named minor during the Culminating Project experience.

Supervision and Transportation:

Supervision with and transportation to and from all activities associated with the Culminating Project are the sole responsibility of the parent or legal guardian. The choice of mentor is the responsibility of the student and parent or legal guardian. The district is not directly supervising the student during the project process and is not responsible for said supervision.

The undersigned understands there may be an inherent risk in participating in community project activities. I hereby understand that my daughter/son may be traveling in a learning site vehicle as a part of the learning experience and assume all risks, hazards, and injuries incident to such participation and do hereby waive, release, absolve and agree to hold harmless the mentor's learning site, the mentor, the Program Coordinator, the East Valley School District, School District Personnel and School Board Members from a claim arising out of an injury to my child. I understand that some learning site experiences may include travel. This travel is NOT provided by the East Valley School District, is the personal responsibility of the student. The Parent/Guardian and student understand that even though the learning experiences are NON-PAID, the student may perform work-related activities. School personnel may not have visited the learning site, met the mentor, nor be present when the student is on-site. The Parent/Guardian and student understand that they are responsible for any expenses incurred in the completion of the project they choose.

The undersigned has read the foregoing release and fully understands it.

Student Signature: _____ Date: _____

Parent/Guardian of Student:

I, as parent or legal guardian of the above-named, hereby agree to the conditions of participation in the EVHS Culminating Senior Project Program.

Parent/Guardian Signature: _____ Date: _____

