

Parent Permission For Student to Attend BP School Internship Activities During School Hours

[(Print) Student Name] _____ has my permission to attend **Informational Interviews, Job Shadows, Career-related activities** at **various local destinations** during **school hours** from **September 2021-June 2022**. It is understood that the students attending this activity will be under the direct supervision of adults, which may include Bellevue School District staff and/or district-approved mentors. We highly recommend that students use school district transportation when it is available.

Transportation:

We anticipate that your child, over the course of the school year, may be involved in an off-campus activity where they would be riding with a staff member or parent volunteer, walking to a site, and/or using metro transportation. Please indicate all modes of transportation that you approve for your child below:

My son/daughter has my permission to participate with the following modes of transportation: *(Please check all boxes that you approve.)*

- Ride Metro Walk to Field Site Student drives self *Ride in Private Vehicle with Staff Member
 *Ride in Private Vehicle with Parent Volunteer

*Staff and volunteers who will drive have completed activity trip authorization forms. They hold valid Washington State Drivers Licenses and are responsible for the first \$100,000/\$300,000 bodily injury liability and \$100,000 property damage or \$300,000 combined single limit on his/her personal vehicle. Since private transportation will be used, the school district's vehicle liability insurance will be secondary to that maintained for the non-district owned vehicle.

Emergency Contact:

In the event of an emergency (injury, illness) we wish the following person to be contacted in case the parent cannot be contacted:

Name of Person (Print) _____ **Phone** _____

Signature – Parent or Guardian

Date