

# Ophir Canyon Education Center Parent Consent and Permission Form

Please read the information below, complete and return this form with your student on the day of class. A signed form will be required in order for students to board the bus.

Student's name: \_\_\_\_\_

Class Name: \_\_\_\_\_

I give my student, \_\_\_\_\_, permission to participate in the class sponsored by the Tooele Education Foundation at Ophir Canyon Education Center and understand that the transportation associated with this class will be provided by the TCSD Transportation Department. I understand that if any injuries occur, TEF staff will make reasonable efforts to contact me. I give my express consent, in the event of an injury, that my student will receive emergency medical attention, anesthesia, and/or an operation if, in the opinion of the attending physician, such treatment is medically necessary.

Parents and students agree to hold harmless Tooele Education Foundation, Tooele County School District, and its directors, officers and employees from any and all claims, actions, suits, demands, and damages involved with participation in any activity related to the Ophir Canyon Education Center programming.

Parent Name: (Please Print)
Parent Signature:
Date:
Emergency Contact:
Emergency Contact Phone:

\*Please print this form and sign and return with your student on the day of class.