Rockingham County Public Schools
Permission, Authorization and Insurance Statement
JIVE: Jobs in Vocational Education

Parent Permission

I give my permission for my child to participate in the J.I.V.E situational training program at James Madison University. I understand that transportation will be provided by Rockingham County Public Schools, and job coaches will be James Madison University Special Education students.

_____ _____ ___/___/___
Student name Parent/Guardian signature Date

Health Insurance Statement

I certify that my child has current health insurance, and I have attached a copy of their health insurance document. My signature indicates that insurance coverage will continue for the duration of my child's participation in J.I.V.E and if coverage is waived during this time period I will notify the school system in writing prior to the end of coverage.

_____ ___/___/___
Parent/Guardian signature Date

Authorization for Requests and for Release of Information

Student name: _____
(first) (middle) (last)
Information may be requested and released to:
James Madison University for the purpose of coordination of services – JIVE training.

The permission to request or release information to the above may be revoked by the student/parent(s)/guardian(s) at any time prior to the actual request for or release of information. The student/parent(s)/guardian(s) may specify a date or condition upon which permission to request or release information will expire.

_____ _____/_____/_____
Parent/Guardian Signature Date

Photo and Video Permission

I give permission for _____ to have photographs and videotape taken for educational and training purposes. I realize these documents will not be used for commercial use or to financially benefit Rockingham County Public Schools.

_____ _____/_____/_____
Parent/Guardian Signature Date

_____ _____/_____/_____
Student Signature Date