

Permission Form for Student Participation

To the parent/guardian: Your child's classroom will be participating in an e-Mentoring Program with health care professionals from Sutter Health, John Muir Health and Kaiser Permanente. This program matches students with adult mentors in a one-on-one relationship by e-mail. Students and mentors will communicate once a week by e-mail and may meet face-to-face at your school's end-of-year celebration. Mentors will help students understand the importance of job skills such as regular attendance, honesty, careful listening and responsibility. The e-mail communication will be based on classroom curriculum directed by the teacher. Students will also participate in an end-of-program evaluation by completing a survey.

All students must have parent/guardian permission to participate in the program. The parent/guardian must read and sign all information on this form. If you have any questions, please contact the teacher:

Teacher: _____ Telephone: _____

All participants and their parents/guardians must complete and return this form to the teacher.

Student and Parent/Guardian Information:

Student name: _____
(First) (Last)

Parent/
Guardian Name: _____
(First) (Last)

Telephone Number: _____

Parent/Guardian: My child may participate in the e-Mentoring Program with local Health Care professionals. I will not hold the school, the school district, the Health Care organization, Health Care professional, nor any other participating agencies responsible for accidents, injuries, or personal property loss. I understand that activities will be a part of the classroom curriculum under the supervision of the teacher. I also understand that activities may be cancelled without notice to parents due to staffing, or other reasons.

Student Signature: _____
(Sign in Ink) (Date)

Parent/Guardian Signature: _____
(Sign in Ink) (Date)