



Mid-Valley Special Education Cooperative

Dr. Carla Cumblad, Executive Director

1304 Ronzheimer Avenue

St. Charles, IL 60174

Phone: 331-228-4873

Fax: 331-228-4874

**Permission Slip for Periodic Vocational Outings
School Year 2012-2013**

As part of Mid-Valley's Vocational Services, you (student) have the opportunity to participate in vocationally related activities such as job interviews, job shadows, and career exploration trips. You will typically be contacted prior to the event, but this permission slip will alleviate the need to have signed permission granted for each outing. This permission slip relates to vocational outings only and does not cover regular classroom trips.

I, _____, give my permission to participate in periodic vocational
(printed name of student)
outings coordinated by Mid-Valley staff.

(Signature of Student, or Guardian)

Date

(Signature of Parent, if Legal Guardian)

Date

Consent to Disclose Information

Name of Student: _____ Birth Date: _____

I give permission to Mid-Valley Special Education Cooperative staff to give any current or future employer or employment training site necessary information concerning the student listed above, which may include information related to a disability. This information would be used to make modifications and/or adaptations at vocational training sites (non-paid or paid) as needed for the student.

Parent/Guardian Signature

Date

Student Signature

Date