



UCP Charter Schools
4780 Data Court
Orlando, FL 32817

PARENTAL CONSENT FORM – OUTSIDE CARE PROVIDER/PRIVATE INSTRUCTIONAL PERSONNEL

To be completed by the Parent/Guardian/Educational Surrogate:

Student First Name Student Last Name Date of Birth Grade School Name

Parent/Guardian/Educational Surrogate Name

Phone Number/Email Contact Information

First and Last Name of Private Provider

Private Provider Address

City

State

Zip

Private Provider Phone #

Private Provider E-mail

Agency Name Issuing License

License #

License Expiration Date

Self Employed: Yes No

Employing Agency:

Primary Agency Contact Person

Agency Address

City

State

Zip

Primary Agency Contact Phone #

Primary Agency Contact E-mail

Summary of Services To Be Provided:

Consent and Hold Harmless

I, _____, consent to the above named service provider to provide services to my child
Print Name of Parent/Guardian/Educational Surrogate
_____ at _____ during the 20__-20__ school year.
Print Name of Child Print Name of UCP Charter School

I/We, the undersigned Parent(s), agree to defend, fully indemnify, and hold harmless UCP Charter School and its employees for any expense, cost, loss, damage, claim, judgment or claims bill incurred or rendered against UCP Charter School/Charter School Board of Directors, including attorney's fees and investigation Expenses (pre-suit, suit, trial appeal, an post appeal proceedings) on account of any intentional or negligent acts or omissions of the Private Instructional Personnel hired by me/us, or negligent acts or omissions of its employees, agents, or servants arising out of the use of any facility, or the provision of any services to my child and for any violation of the rights of my child by the Private Instructional Personnel hired by me/us. This provision shall survive the termination of any Agreement between UCP Charter School and the Private Instructional Personnel and shall remain in full force and effect until the expiration of any statute of limitations.

Parent/Guardian/Educational Surrogate Signature

Parent/Guardian/Educational Surrogate Signature

Print Name:

Print Name:

Date:

Date: