



SY26-27 PARENTAL CONSENT FORM - OUTSIDE CARE PROVIDER/PRIVATE INSTRUCTIONAL PERSONNEL

To be completed by the parent/guardian: **ALL SECTIONS MUST BE COMPLETED**

Student First Name Student Last Name Date of Birth Grade UCP Campus Name

Parent/Guardian Name Phone Number Email Contact Information

First and Last Name of Private Provider Provider Address City State Zip

Provider Phone # Provider Email

Agency Name Provider License/Certification # Expiration Date

Agency Contact Person/Provider Supervisor Agency Address City State Zip

Agency Contact Phone # Agency Contact Email

Provider Schedule: Schedules are subject to Principal and Director of Behavior Approval

Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____ Friday: _____

CONSENT AND HOLD HARMLESS

I, _____ consent to the above named service provider to provide services and share
Print Name of Parent/Guardian

information, for my child, _____, at _____ during the **2026-2027 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, calm, judgment, or claim bill incurred or rendered against UCP Charter School/Charter School Board of Directors, including attorney's fees and investigator Expenses (pre-suit, suit, trial appeal, and post appeal proceedings) on account of any intentional or neglect 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 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 Signature

Print Name: _____

Date: _____

Parent/Guardian Signature

Print Name: _____

Date: _____