



INDUSTRY VISIT PERMISSION AND DRIVING PERMIT

Date of Industry Visit: _____

Destination & Town: _____

Purpose of the visit: _____

Follow-up Activity/Assessment: _____

I, being the parent or guardian of _____, give my permission
Student's name (please print)

for my student to attend this industry visit. I do appoint _____
Instructor's Name

to act on my behalf, in the event that I cannot be contacted, to authorize or refuse necessary emergency treatment while on this industry visit. I understand that I will be responsible for the payment of all costs incurred relative to such treatment. I also permit my student to drive/ride to IVVC on this date for the purpose of the industry visit. The vehicle is a _____.
Year Make Model Color Plate #

Instructor's notes:

Signature Required:

Parent/Guardian

Date

Emergency Telephone Number