STUDENT TO STUDENT® Orange County
A program of the Rose Project of Jewish Federation of Orange County

Authorization and Release (2026-2027)

STUDENT TO STUDENT ORANGE COUNTY: AUTHORIZATION FOR PARTICIPATION

STUDENT PARTICIPANT'S NAME: _____

Our signatures below indicate that we understand and agree that the student named above will participate in the voluntary community service activities of the Jewish Federation of Orange County Student to Student program.

_____ _____
PARENT SIGNATURE DATE

_____ _____
STUDENT SIGNATURE DATE

STUDENT TO STUDENT ORANGE COUNTY: MEDICAL AND TRAVEL AUTHORIZATION

MEDICAL: Please check one of the following:

The program director/staff ☐ is / ☐ is not authorized to seek medical attention in the event a health issue occurs with my teen and I cannot be reached at my cell phone which is: _____.

Health Insurance Provider: _____ Policy Number: _____

Primary Care Provider Name: _____ Phone Number: _____

Are there any specific health issues that STS staff should be aware of? _____

TRAVEL: Please check any or all statements that apply (We often need volunteer drivers, so please let us know if you are able/willing to drive other students, or if you student is able to drive in another adults' car) :

☐ I permit my teen to drive to STS engagements.

☐ I permit my teen to drive to, and to take other students as passengers to, STS engagements.

☐ I give my permission for my teen to be a passenger in a car driven by another student, an adult volunteer, another parent, or Federation staff, for STS engagements (circle those that apply, if not all)

☐ I am willing/able to be a volunteer driver for STS if a student, other than my teen, is in need of transportation to or from an STS engagement.

_____ _____
PARENT SIGNATURE DATE

_____
PARENT NAME (PRINT)