COUNTY SUPERINTENDENT OF SCHOOLS

Jon R. Gundry

SCCOE Guest Code of Conduct, Waiver and Release Agreement

The Santa Clara County Office of Education (SCCOE) aims to develop and maintain a safe and secure learning environment for all students, staff, and its community. The SCCOE expects all persons to act in the best personal and educational interests of every child and to treat all students equally. The safety, welfare, and well-being of our youth are of primary concern to all. To promote the basic principles of awareness and protection for our youth this SCCOE Guest Code of Conduct has been developed to help achieve this goal.

Please read this code thoroughly and check off each	n box indicating that you will obs	erve all SCCOE guest directives.	Guests MUST:
 Certify under penalty of perjury and in 	conformance with Education Co	de 35021 that they are not requ	uired to register as a sex
offender pursuant to Penal Code 290			
Be free of infectious diseases including		ce with Health and Safety Code	121364 & Ed Code 49406
(May be required to submit Risk Assessment and			
3. Portray a positive role model for childr	_	respect, patience, courtesy, an	d maturity
4. Not be alone with a student(s) where S			
5. Not pray with students, encourage the			
	on an SCCOE site without prior approval		
7. Not use, possess, or be under the influence.	nfluence of alcohol or illegal drugs while on an SCCOE site		
8. Fully co-operate with the SCCOE policies	plicies and procedures in the best interest of students and staff		
9. Not release students to anyone but wil	will contact the SCCOE staff if someone asks for a student		
10. Not give out nor accept money or pers	personal information such as telephone numbers, email or home address from students		
11. Appear clean, neat, and appropriately	ately attired and use only appropriate language		
12. Not abuse children. This includes phys	buse children. This includes physical abuse (strike, spank, shake, slap), verbal or mental abuse (humiliate, degrade,		
threaten), sexual abuse (inappropriate sexual touching or exposure), neglect (withhold food, water, basic care, etc.)			
13. Not give any medication or first aid to a	13. Not give any medication or first aid to a student but will notify a staff member if a student is ill		
14. Not transport a student nor meet with	Not transport a student nor meet with a student outside of the SCCOE activity site		
	Not drive SCCOE vehicles or be in procession of SCCOE site keys, computer passwords, or utilize office equipment		
	nare food with children (some may have special meal requirements or might be allergic to certain foods)		
	Not take photographs or video tape of students or staff		
	Report suspected or known child abuse or neglect to law enforcement and school personnel immediately		
Consent. I consent to the use of my name, voice, statements, photo		*	*
entities that comprise the SCCOE, for the purposes of press-related i all other promotional items. I further acknowledge that I will receive rights therein, including the copyright) to which this agreement appl	items, including but not limited to brochure e no compensation. The SCCOE is the abso	es, posters, press releases, fliers, newslette lute owner of any and all photographs, rec	ers, the SCCOE website, and any and cordings, and other items (and all
Waiver and Release Agreement. This intends to discharge in advancarelessness on the part of the SCCOE (its officers, employees, agent binding on my heirs and assigns. I agree to assume the full risk of an associated with those guest activities. I also understand that my sta Compensation Benefits or other SCCOE related benefits as a result of employees and volunteers that may result from my participation in gany and all claims for injuries, damage or loss which I may have or we	t and volunteers) or any dangerous conditions in juries, damages or loss which I may sust tus is that of a guest and not an employee of my guest activities for the SCCOE. I agreeguest activities. I do hereby fully release and	ons. It is further agreed that this Waiver a tain as a result of participating in any and of SCCOE and, furthermore, that I may not to waive and relinquish all claims against ad discharge the SCCOE its officers, agents	nd Release Agreement is to be all activities connected with or t be entitled to any Worker's the SCCOE and its officers, agents, , employees and volunteers from
In the event of any emergency, I authorize the SCCOE officials to see care and agree that I will be responsible for payment of any and all r Secure Treatment. I agree to abide by all instructions set forth by th	nedical services rendered. I have read and		
I understand the above outlined and will uphold and agre	ee to abide by it and will sign-in and	out during my visit.	
(Please Print Legibly) Guest's Association (school,			
Guest's Name	Signature:		Date:
Parent or Guardian Name: (if under 18):		_ Parent Signature:	
Address:	_ City:	Zip: Phone:	
Activity:	Activity Date/School Yea	r: Location (Schoo	ol Site):
Teacher Name:	SCCOE Supervisor Name:		Phone:
Student's Name:	Relationsh	ip to SCCOE Student:	
Emergency Contact:	Relationship:	Phone:	
Any Health Concerns (asthma, etc.):			