

Wakulla County Schools
**COMMUNITY BASED INSTRUCTION
STUDENT LIABILITY FORM**

Date: _____ Through _____ (on going)

I give permission for my child _____ to participate in the Community-Based Instruction program at _____ School for the school year _____. I understand that my child will be experiencing functional situations in the community including, but not limited to, restaurants, making purchases in grocery stores and retail stores, and using public transportation. I understand that this program will be conducted as specified in the child's Individual Education Plan.

Guardian/Parent Consent and Release

It is my understanding that the School Board of Wakulla County, Florida will exercise reasonable acceptable safety and health standards and will attempt to notify me in the event of an emergency such as would require a physician's attention. I do not hold the School Board of Wakulla County, Florida, or any of its employees, agents, or representatives responsible for the health or safety of my child, but do expect them to exercise all reasonable efforts to assure his or her well-being. You have permission to have a physician or surgeon attend my child, to the extent necessary to protect and preserve the health of my child, including but not limited to, performance of surgery deemed necessary.

Parent's or Guardian's Signature

Date

Medical Concerns/Allergies _____

Physician _____

Phone _____

Medical Insurance Company _____

Address _____

Policy Number _____

Exp. Date _____

Medications _____

Parent's or Guardian's Address

Home Phone

Work Phone

Other emergency names and phone numbers: