**PARENTAL PERMISSION AND**

**RELEASE OF LIABILITY**

**Omaha Public Schools**

This form must be completed and signed

as a ***necessary prerequisite*** for participation in

Orientation and Mobility lessons.

We the undersigned, as the parent(s) and guardian(s) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*Student’s Name)*

Do hereby give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to engage in Orientation and Mobility

*(Student’s first name)*

lessons, which may include off-campus lessons in the community. Transportation to and from lessons

may include OPS transportation and/or Metro bus as deemed appropriate for lesson content by the

instructor. Any conditions/concerns with planned lesson locations and/or content is the responsibility

of the parent to communicate with the Orientation and Mobility Instructor.

In case parents or guardian cannot be reached in time of emergency, contact:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Name of alternate contact) (Phone Number—Cell /Home/Work)*

We fully understand the nature of the activities undertaken during Orientation and Mobility lessons as

outlined in the Individualized Education Plan and discussed at team meetings and understand the risk

of injury and/or loss of property associated with that activity.

The signing of this permission sheet releases the school district and its employees from any claims made

by the child or on behalf of the child should injury or loss of property occur as a result of his/her

participation.

We acknowledge that we have read this **Parental Permission and Release of Liability form** and fully understand its contents and the consequences of signing this form.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Parent/Guardian Signature)) (Date) (Contact Numbers)*

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*(Parent/Guardian Signature)) (Date) (Contact Numbers)*