



## **Parental Permission to Transport Students for Orientation & Mobility Assessment**

Today's Date: \_\_\_\_\_

Dear Parent/Guardian:

An Orientation & Mobility (O&M) Assessment is an essential part of the total education of students with blindness/low vision, as outlined in the Expanded Core Curriculum, or ECC. The purpose of the O&M Assessment is to identify your child's travel strengths & needs within various environments, which may include school grounds, residential settings, &/or within the greater community.

Students require the permission of a parent/guardian to be driven off-campus by the O&M Specialist for this assessment. If you have any questions, I may be reached at [longwhitecane@outlook.com](mailto:longwhitecane@outlook.com) or 206-916-9672.

Sincerely,

*Sara Zachariah*, M.A., COMS®, NBCT

**Sara Zachariah**, M.A., COMS®, TB/LVL NBCT

Lyndhurst Orientation & Mobility Instruction

Certified Orientation & Mobility Specialist/Teacher of Blind/Low Vision Learners

National Board Certified Teacher

**email:** [longwhitecane@outlook.com](mailto:longwhitecane@outlook.com) **phone:** 206-914-9672 **website:** [www.longwhitecane.com](http://www.longwhitecane.com)

*Sara Zachariah, coms, llc*  
EST. 2004

Permission to Transport--Assessments



### **Parental Permission to Transport Students for Orientation & Mobility Assessment**

I understand that all school and district policies are in effect during this off-campus Orientation & Mobility (O&M) assessment.

I understand that this is a school sponsored Orientation & Mobility (O&M) assessment and is governed by the Policies and Procedures of the \_\_\_\_\_ School District.

I acknowledge that this O&M assessment entails known and unanticipated risks which could result in physical or emotional injury, as well as damage to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the assessment. I agree to hold and save harmless Sara Zachariah, COMS® for any claims, suits or damages which might result from my child participating in the above-described Orientation & Mobility (O&M) assessment.

I certify that my child has no medical or physical conditions which could interfere with his/her safety in this O&M assessment.

I authorize qualified emergency medical professionals to examine, and in the event of injury or serious illness, administer emergency care to the above named student. I understand every effort will be made to contact me to explain the nature of the incident prior to any involved treatment.

In the event it becomes necessary for Sara Zachariah, COMS®, to obtain emergency care for my child, she assumes no financial liability for expenses incurred because of the accident, injury, illness, and/or unforeseen circumstances. I understand that I am responsible for any costs associated with an accident or injury.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Sara Zachariah, coms, llc*  
EST. 2004

Permission to Transport--Assessments



### **Parental Permission to Transport Students for Orientation & Mobility Assessment**

I give permission for my child, \_\_\_\_\_, to be transported by Sara Zachariah, COMS®, in her personal vehicle for the purpose of participating in a Community-Based O&M assessment on \_\_\_\_\_.

A copy of this signed permission form will be given to the school's front office.

Student's Address: \_\_\_\_\_

Parent's Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Student's Birthdate: \_\_\_\_\_

Student's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical conditions, medical information, or allergies the O&M Specialist should know about:

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

In the event of an emergency, I wish for the following person to be notified in case I cannot be contacted:

\_\_\_\_\_ Phone: \_\_\_\_\_

My child has medical/accident insurance:                      Yes              No

My child has permission to ride in the front seat:              Yes              No

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Sara Zachariah, coms, llc*  
EST. 2004

Permission to Transport--Assessments