



Parental Permission to Transport Students for Orientation & Mobility Lessons

Today's Date: _____

Dear Parent/Guardian:

Orientation & Mobility (O&M) instruction is an essential part of the total education of students with blindness or low vision, as outlined in the Expanded Core Curriculum, or ECC. O&M lessons may include concepts & skills to learn the layout of new classrooms or school building & then progress to more independent concepts and skills such as traveling in neighborhoods & business environments, learning the skills for analyzing intersections, safely crossing streets, &/or accessing public transportation. Your child's O&M Specialist will drive him/her to a variety of instructional areas during these lessons.

Students require the permission of a parent/guardian to be driven off-campus by the O&M Specialist during these lessons. If you have any questions, I may be reached at longwhitecane@outlookcom or 206-914-9672.

Sincerely,

Sara Zachariah, M.A., COMS®, NBCT

Sara Zachariah, coms, llc

EST. 2004



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

I understand that these are school sponsored Orientation & Mobility (O&M) lessons that are governed by the Policies and Procedures of the _____ School District.

I acknowledge that these lessons entail 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 lesson. 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) lessons.

I certify that my child has no medical or physical conditions which could interfere with his/her safety during these lessons.

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



Parental Permission to Transport Students for Orientation & Mobility Lessons

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 lessons. Please see current IEP dated _____ for specific community-based O&M goals.

A copy of this permission form will be kept in 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