

OCEANSIDE UNIFIED SCHOOL DISTRICT
PARENT PERMISSION FOR COMMUNITY BASED INSTRUCTION (CBI)

SCHOOL YEAR: _____

COMMUNITY BASED INFORMATION:

School/Site: _____

Name of Student: _____

Community-Based Instruction (CBI) is a vital instructional tool for students in our school. This instruction occurs in various community environments and provides students “real life experiences.” The goal is to provide a variety of hands-on learning opportunities that will allow our students to practice essential skills to become more independent. All activities in the community support post-secondary education, employment, life skills, and independent living goals.

MEDICAL INSURANCE COVERAGE:

Company: _____

Name of Insured: _____

Policy/Group No: _____ Phone: _____

EMERGENCY CONTACT INFORMATION:

Emergency Contact: _____

Phone: _____

Emergency Contact: _____

Phone: _____

Address: _____

MEDICAL INFORMATION:

Medical Problems: _____

(Diabetes, Asthma, Seizures, Allergies, other)

Usual Symptoms: _____

Care/Medication: _____

Comments: _____

- I give my permission for my student to participate in community based instruction
- I give permission for my student to receive medical attention/treatment in the event of injuries or illness during community based instruction.
- I understand that the District does not provide coverage for accidents, and I waive any right of recovery for damages or injuries to my student, unless there is evidence of negligence.

PARENT/GUARDIAN SIGNATURE:

DATE: _____