



# Blue Valley School District

## Community-Based Instruction

### Parental Permission for Community Based Instruction Program

School Year \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Date of Birth

I certify that \_\_\_\_\_ has permission to participate in the Community Based Instruction Program. I understand that the instruction will take place within a community setting at selected training sites and will be individualized according to the student's IEP goals and instructional needs.

Transportation will be provided by Blue Valley School District. Transportation will be by school district van and/or school bus.

Permission is granted for the provision of medical care in case of injury, accident, or medical emergency involving the above named student. In case of an emergency involving the above named student, the following person(s) should be contacted at the telephone number indicated below.

\_\_\_\_\_  
Name/Relationship

\_\_\_\_\_  
Phone #1

\_\_\_\_\_  
Alternate #

\_\_\_\_\_  
Name/Relationship

\_\_\_\_\_  
Phone #1

\_\_\_\_\_  
Alternate #

\_\_\_\_\_  
Name of Family Doctor

\_\_\_\_\_  
Phone Number

Preferred Hospital & Location

\_\_\_\_\_  
Allergies/Medications/Medical Conditions: \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date