

Parent/Guardian Permission and Waiver – Free Learner Accommodations

The purpose of this form is to confirm the support of our child as a **Free Learner** and to provide permission and waiver for the accommodation requests indicated on the FL-IEP submitted.

School: _____

Teacher(s): _____ Grade/Class: _____

Student: _____

YES

I/we give permission for my/our child/ward, _____ to participate in the following. I/we understand and accept any possible risk of these permissions.

Areas my child can be unsupervised:

- Gym Library Lunch Room
 Other _____

Equipment my child can use unsupervised:

- Playground equipment Computers Kitchen
 Other _____

Emergency Contact: _____ Emergency Phone #: _____

Should it become necessary for my/our child/ward to have medical care, I/we hereby give the teacher permission to use her/his best judgment in obtaining the best of such service for my/our child/ward. I/we understand that any cost will be my/our responsibility. I/we also understand that in the event of illness or accident, I/we will be notified as soon as possible.

Print Name of Parent/Guardian

Print Name of Parent/Guardian

Signature of Parent/Guardian (or student if 18 years or older)

Signature of Parent/Guardian

Today's date

Today's date

If there are questions and concerns about this form, please contact me.

Name

Phone