



SCHOOL DISTRICT NO. 67 (OKANAGAN SKAHA)

**PARENTAL PERMISSION FORM FOR ORIENTATION
AND MOBILITY TRAINING**

Dear Parent(s) or Guardian(s):

Orientation and Mobility (O & M) training is available for your child from a District Orientation and Mobility instructor. The goal of the program is to develop safe travel skills which will lead to increasing independence at home, school, and in the community. As your child may be outside the usual confines of school, all due care will be taken for their safety.

As your child's parent or legal guardian, you may decline to have your child receive this service.

Please sign Section A or B on the attached "Parent Permission Form" and return to your child's school.

Section A pertains to the give of your consent for this service, while Section B indicates you are declining the service at this time.

If your child has any medical conditions and/or allergy medications please list them in the space provided below:



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I/We have read the information attached regarding the service available to my/our child

(Child's name) Birthdate (Day/Month/Year)

at (School Name) (PEN #)

Please Print: Name of Parent or Legal Guardian

Address

Postal Code

Home Phone

Work Phone

SECTION A
I/We agree to have my/our child receive this service.
Signature of Parent or Legal Guardian
Print Name
Date
*This consent is valid for a period of six months from the date of your signature. (Should service not be initiated within six months, a new permission form needs to be signed.)

SECTION B
I/We do not consent to have my/our child receiving this service.
Signature of Parent or Legal Guardian
Print Name
Date