

Community-Based Transition Program

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A joint program of the West Allis-West Milwaukee, et al. Recreation and Special Education Departments



Community Outings Participant Permission Slip

August 2019

Dear Guardian and Participant,

In order to help everyone in our program meet the priority goals and objectives in their education plan, we will be providing instruction outside the school as well as in the Fieldhouse during the current school year. This type of instruction is called **community-based programming**. It provides students with disabilities the opportunity to acquire functional skills and to interact with people without disabilities. Experiences at shopping centers, restaurants, and neighborhood stores will provide the students with the opportunity to learn to function more appropriately in the community.

We will be communicating with you via the monthly newsletters about specific whole-group field trips. However there will be many days we will take small groups into the community on short notice or on a regular basis. All community-based activities will be under the direction of the teacher or instructor, and students may be supervised with an adult volunteer or educational or recreational assistant. Direct supervision may or may not be provided depending upon the individual's level of independence.

Various means of transportation will be used: walking, personal vehicles, school vehicles, school busses, city buses, and taxi's.

Destinations may include work sites, shopping malls, grocery stores, department stores, and walks to area stores, restaurants, for either leisure recreation or vocational purposes.

Please read and sign the form on the back side of this letter. Your permission is needed to allow your son/daughter/client to participate in these community-based activities.

Your permission is needed to allow participation in all out of school activities for the school year 2019-2020.

I hereby grant permission for _____ take part in community-based programming during the current school year. I agree to not hold the Recreation Department and School District and its agents, employees or other personnel from liable for any and all loss or expenses, including costs and attorneys' fees, for any damages caused by injury to my son/daughter or his/her property resulting from participating in the above referenced trip or activity.

I agree to indemnify the Recreation Department and School District for any and all losses, damages, or expenses, including attorneys' fees incurred by the District for any action commenced by my spouse or me, or for any action commenced by my son/daughter/guardian or on behalf of my son/daughter resulting from the participation of the above-referenced field trip or activity.

State standards have recently addressed emergency medical procedures for field trips. To meet requirements, Rec Dept staff/teachers/chaperones must have information regarding special medical needs and medication requirements of your child. If such needs exist, please indicate this information here:

Emergency forms will be provided at the start of the program.

Guardian: _____ **Date** _____

Participant: _____ **Date** _____