Community-based instruction may be provided for the student on a regularly scheduled basis throughout the school year. This off-campus instruction will be provided in the community by school staff during school hours. Your signature is needed to initiate your participation in community-based instruction. This will be the only signature needed for the school year.

### Ventura County Office of Education- Special Education Department (VCOE):

<table>
<thead>
<tr>
<th>School Name</th>
<th>Class/ Program</th>
<th>Various school days; or from August, 2020 through July, 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teacher</td>
<td>Date(s) of CBI/Excursion</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Locations of Community Based Instruction/Excursions</th>
<th>Transportation Provider</th>
</tr>
</thead>
</table>

1. **Regarding medical needs or other special assistance:** Is special assistance/accommodation necessary for you to participate in this CBI or Excursion?  
   - [ ] No  
   - [ ] Yes. Please explain: ____________________________________________

2. **If you have health insurance, please list:**  
   - Health Insurance Company: __________________________________________
   - Policy Number: ________________________________________
   - Group Number: ____________________________________________

3. **Please list additional emergency contacts:**  
   - Emergency Contact: ___________________________________________
   - Telephone: ___________________________________________________

   - Emergency Contact: ___________________________________________
   - Telephone: ___________________________________________________

4. **Conduct:** I fully understand that all participants are to abide by and accept all rules and requirements governing conduct during the CBI or Excursion. To the extent permitted by the Education Code, any participant determined to be in violation of behavior standards will be sent home at their own expense.

5. **Waiver of Claims for Liability:** I understand that California Education Code, Section 35330 provides:
   
   "All persons making the field trip or excursion shall be deemed to have waived all claims against the district, a charter school, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion."

   In voluntarily participating in this CBI or Excursion, I waive all claims against VCOE for injury, accident, illness, or death occurring during or by reason of this CBI or Excursion.

   I understand that VCOE does not require my participation in the CBI or Excursion and I make this request voluntarily because I desire to participate in the CBI or Excursion. I also understand that, if I do not participate, I will be involved in alternative activities, for which I will receive full credit.

6. **In the event of illness or injury,** I hereby consent to whatever transportation, x-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care from a licensed physician as deemed necessary for my safety and welfare. It is understood that the resulting expenses will be my responsibility.

7. **I hereby volunteer** to participate in this CBI or Excursion. (Example of activities may include, but are not limited to: shopping, library, bowling fast food restaurants, and community college classes/activities. Separate additional permission will be requested by the school for any one-time / non-recurring activities). I reserve the right to withdraw this permission at any time. I have carefully read this authorization and fully understand its contents and voluntarily consent to its terms and conditions.

---

Print Name: ____________________________________________
Signature: ____________________________________________
Date: ________________________________________________

Home telephone: ____________________________
Work telephone: _____________________________
Cellular telephone: __________________________