COMMUNITY-BASED INSTRUCTION (CBI) EXCURSION AUTHORIZATION AND
MEDICAL TREATMENT AUTHORIZATION
(Minor)

Community-based instruction may be provided for your child 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 child’s participation in community-based instruction. This will be the only signature needed for the school year. Every effort will be made to provide you with periodic written and/or telephone communications to describe your child’s instruction while in the community.

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

<table>
<thead>
<tr>
<th>School Name</th>
<th>Class/Program</th>
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<tbody>
<tr>
<td></td>
<td>various weekdays; or from August, 2020 through July, 2021</td>
</tr>
</tbody>
</table>

Teacher

Date(s) of CBI/Excursion

Locations of Community Based Instruction/Excursions

Transportation Provider

1. **Regarding special assistance/accommodations**: Is special assistance/accommodation necessary for your child or ward to participate in this CBI/Excursion? □ No □ Yes If yes, please describe:

2. **Regarding administration of medication**: All medications must be prescribed, including over-the-counter medications. Is your child or ward required to take medications during the course of this CBI/Excursion? □ No □ Yes- Parent/Guardian must contact the school office to obtain form VCSS SFA-1059A, “Authorization for Any Medication Taken during School Hours”.

3. **If you have health insurance, please list:**

<table>
<thead>
<tr>
<th>Health Insurance Company</th>
<th>Policy Number</th>
<th>Group Number</th>
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</thead>
</table>

4. **Additional emergency contacts, should the parent/guardian be unavailable:**

<table>
<thead>
<tr>
<th>Emergency Contact</th>
<th>Telephone</th>
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</thead>
<tbody>
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<td>Telephone</td>
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5. **Conduct**: I fully understand that all participants are to abide by and accept all rules and requirements governing conduct during the CBI/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 or their parent/guardian’s expense.

6. **Waiver of Claims for Liability**: I understand that California Education Code, Section 35330 provides:

“Any person 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. All adults taking out-of-state field trips or excursions and all parents or guardians of pupils taking out-of-state field trips or excursions shall sign a statement waiving all claims.”

In providing consent for my child or ward to attend and participate in this CBI/Excursion, I waive all claims against the Ventura County Office of Education (VCOE) for injury, accident, illness, or death occurring during or by reason of this CBI/Excursion. I understand that VCOE does not require my child or ward to participate in the CBI/Excursion and I also understand that, if I do not consent to my child or ward’s participation, my child or ward will be involved in alternative supervised activities, for which my child or ward will receive full credit.

7. **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 the safety and welfare of my child or ward. It is understood that the resulting expenses will be the responsibility of the child or ward’s parent(s)/guardian(s).

8. **I hereby give permission** for my child or ward (named above) to participate in CBI/Excursions and be escorted off-campus by any school-approved means on a regularly scheduled basis throughout the school year. **Community-based instruction activities (example of activities may include, but are not limited to: shopping, library, bowling, restaurants)**. 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 of Parent/Guardian

Date

Home Telephone

Work Telephone

Cellular Telephone