 Form ML-1

**PARENTAL AUTHORIZATION AND WAIVER**

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| --- | --- | --- | --- | --- | --- |
| Student/Patient Name (Please Print): |  | Date of Birth: |  | / | / |

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| --- | --- | --- | --- |
| Parent/Guardian Name (Please Print): |  | School: |  |

I am the parent/guardian of the above referenced student. My parental/guardianship rights have not been terminated or relinquished and there is no court order or agreement that states that I may not have access to educational information or records about my son/daughter. I authorize Cobb County School District to allow the following service provider access to my child at school in accordance with Administrative Rule ML-R:

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| --- | --- |
| Provider Name/Organization: |  |

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| --- | --- | --- | --- |
| Address: |  | Phone: |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| City: |  | State: |  | Zip: |  | Fax: |  |

I understand that this provider is requesting my permission to perform the following services while at school:

I understand and give permission for the provider to be alone with my child to provide these services. I understand that District staff members are not responsible for monitoring or determining the type and extent of services provided to the student. I understand that my child may miss instruction and special services during the times this provider is visiting, and **these instructional activities and services may not be made up by the District**. I understand it is my responsibility to ensure the provider comes for appointments with the student on the most appropriate days and times. I understand the District may terminate or restrict the ability of a provider to be on campus at any time.

The parent/guardian, for himself/herself and on behalf of the student, hereby waives all claims against any current, former or future volunteer, employee, or agent of the Cobb County School District or Cobb County Board of Education, and releases them from any and all claims, demands, actions, liabilities or damages (including attorneys' fees), whether known or now unknown, arising out of or relating in any way whatsoever to the provision of services by any health or educational provider. This waiver and release includes, but is not limited to, claims arising under any and all federal, state and local constitutions, statutes, ordinances and regulations, including, but not limited to, the Individuals with Disabilities Education Act (IDEA) and Section 504 of the Rehabilitation Act of 1973.

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| **PLEASE NOTARIZE**  Sworn to and subscribed before me this \_\_\_\_\_\_day of \_\_\_\_\_\_\_\_, 20\_\_\_\_.  Notary Public:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Please Print)  Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |