

New Mexico
School for the Blind and Visually Impaired
Outreach Programs
801 Stephen Moody St. SE _____
Albuquerque, New Mexico 87123
Telephone (505) 332-6699
Fax (575) 439-4433

**AUTHORIZATION FOR ORIENTATION AND MOBILITY
TRAINING/TRANSPORTATION**

I give my permission for NMSBVI to provide orientation and mobility (O&M) services to my child _____. I realize that some lessons will occur in
child's name
areas where traffic will be present. I understand that NMSBVI personnel will monitor my child throughout the lesson to ensure safety at all times, there is still a possibility that an accident could occur. It is also possible that my child might trip, fall, or otherwise injure him/herself during an O&M lesson. I hereby release and will not hold

_____ or the New Mexico School for the Blind and
O&M instructor's name
Visually Impaired liable for any accident, injury or damage which might happen during or resulting from an O&M lesson.

My signature below gives _____ permission to take my
O&M instructor's name
child _____ from the school campus for the purpose of
child's name
community-based orientation and mobility instruction as specified in my child's Individualized Education Plan (IEP). I understand that the instructor may need to transport my child in a State of New Mexico owned vehicle.

Signature of parent or guardian

Date

Witness (Not O&M providing service)

Date