



Community Outing Release

I give permission for my child, _____ to partake in a community outings with a therapist employed by Communication Works.

I have received information on the outings and am aware of the group's plan and hereby release Communication Work's therapists and volunteers from any and all liability for any injury occurring while my child is on a community outing, and waive any claims against them.

In case of emergency, I give my permission for my son/daughter to receive any medical care or attention deemed necessary by a licensed physician. Except in extreme emergency, no medical procedures will be approved without contacting a parent or guardian.

Parent/Guardian Signature

Printed Name

Date