

# FRANKLIN COUNTY SCHOOL DISTRICT

Liability Release for Use of Walking Canes/Crutches/Walker/Knee Scooter/Wheelchair at School

**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Homeroom/1st Period Teacher:** \_\_\_\_\_

Please provide information regarding the injury, such as which bones/tendons/ligaments/joints are injured: \_\_\_\_\_  
\_\_\_\_\_

**Please read and check each box below to allow your child to use an assistive mobility device while at school:**

- I am aware that my child is using an assistive mobility device at school.
- I understand that I must provide all assistive devices for my child while at school, including crutches, scooter, walker and/or wheelchair.
- I release Franklin County Schools from all liability and hold harmless Franklin County Schools and any of its employees for injuries to my child or others in connection with the use of an assistive mobility device on school property or on the bus.
- This release will remain in effect for the duration of the current school year unless rescinded in writing by myself.

**For Wheelchair:**

I authorize Franklin County Schools to allow a classmate to assist my child by pushing the wheelchair between classes. (If applicable)

Yes  No

**Parent/Guardian name (printed):** \_\_\_\_\_

**Parent/Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_