

MODEL SECONDARY SCHOOL FOR THE DEAF

STUDENT’S NAME (PRINT): _____

In order for MSSD students to leave the MSSD campus and visit/stay with a friend and that friends’s family, or overnight with a member of the student’s family, the parent/guardian must fill out a Student Release Permission form every time the student leaves the campus. This ensures that the parent and host both understand and acknowledge their responsibility for the student’s welfare, releasing MSSD from any liability for the student while s/he is not in the custody of MSSD staff.

The sole exception to this requirement is permitted for family members of the student, which is limited to siblings (including half-brother, half-sister, step-brother, step-sister), grandparents, great-grandparents, aunts, uncles, cousins, and step-parents who are taking the student on a day visit. (This does not include godparents.) With this form, the parent/guardian can opt to grant continuous “blanket” permission to specific and named family members. If the parent/guardian would like to cancel, suspend, or add any permissions, a new form must be submitted. This family exception does not include any overnight visits. Also, if a family member is not listed on this form, the student will not be released, and the Student Release Permission form must be used instead.

Family members must be at least 18 years old.

In all situations, the family member host is responsible to seek confirmation/approval from the Residence Education Manager, and/or the Student Life Director, before the student can be released. Students should be picked up after 3:15 p.m. on weekdays to allow students to complete the academic day. Weekend visits can begin in the morning, as early as 8 a.m., and should conclude before 9 p.m. If the return is delayed and/or later than 9 p.m., the student or host must inform the Residence Education Manager. If the student will miss classes, the parent/guardian must obtain approval from the School Operations Coordinator. (Standard criteria for excused/unexcused absences apply.)

By signing, I give my permission for the student named above to visit with the family member hosts listed below. I understand that I and the family member host are assuming full responsibility for this student while s/he is away from school for both planned and unplanned activities as well as in the event of an emergency. I understand the risks of the off-campus environment, voluntarily accept those risks, and hereby release MSSD from any responsibility or liability for the student while s/he is released from the custody of MSSD staff. I assume responsibility for communicating any needed insurance information to the family member host and take responsibility for my child and any medications s/he requires during this time. I also understand that the visit is a privilege and is approved on the basis of student behavior. I understand that my student cannot visit the Gallaudet University campus or the Gallaudet University dormitories without adult supervision. I understand that each request will be reviewed and considered based on individual circumstances.

FAMILY MEMBER NAMES AND CONTACT INFORMATION (Non-custodial/Non-guardian)

Cell phone/text contact information of each family member listed is required.

FAMILY MEMBER 1:

Last Name: _____ First Name: _____

Relationship to Student: _____

Primary Contact Phone: _____ Home Cell Work/VP Voice Text only Voice & Text

Alternate Contact Phone: _____ Home Cell Work/VP Voice Text only Voice & Text

Email Address: _____

Comments: _____

FAMILY MEMBER 2:

Last Name: _____ First Name: _____

Relationship to Student: _____

Primary Contact Phone: _____ Home Cell Work/VP Voice Text only Voice & Text

Alternate Contact Phone: _____ Home Cell Work/VP Voice Text only Voice & Text

Email Address: _____

Comments: _____

FAMILY MEMBER 3:

Last Name: _____ First Name: _____

Relationship to Student: _____

Primary Contact Phone: _____ Home Cell Work/VP Voice Text only Voice & Text

Alternate Contact Phone: _____ Home Cell Work/VP Voice Text only Voice & Text

Email Address: _____

Comments: _____

FAMILY MEMBER 4:

Last Name: _____ First Name: _____

Relationship to Student: _____

Primary Contact Phone: _____ Home Cell Work/VP Voice Text only Voice & Text

Alternate Contact Phone: _____ Home Cell Work/VP Voice Text only Voice & Text

Email Address: _____

Comments: _____

Name of Parent/Guardian

Signature of Parent/Guardian

Date