



Dublin City School District

Professional Staff
3120.091 F2
Revised 12/12/12

Liability Release for Parent/Guardian of Student Receiving Private Provider Services or Support

- Parent/Guardian is to complete this form and return to the Student Services Department at Central Office.
- Student Services staff will send a copy of the completed form to the School Nurse who will copy for the Building Principal.

Name of Private Provider: _____

Name of student: _____

Name(s) of parent(s)/guardian(s) of student: _____

In consideration for permission from the Dublin City School District for the above-named private provider to provide services and/or support to my son/daughter at school or during school activities, I agree to release and hold harmless the Dublin City School District Board of Education and its members, employees, or agents from any and all liability, claims, or causes of action of any kind arising from or relating to the above-named private provider's provision of services or support to my son/daughter.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date