

OVERNIGHT ☒ X
OUT-OF-STATE ☐
xxxxxxOFF CAMPUS xxxxxx ☐

OFF-CAMPUS SCHOOL ACTIVITY
PARENT CONSENT/LIABILITY WAIVER/MEDICAL RELEASE
This permission slip MUST be notarized

Student: _____ Student ID# _____ School: _____ HMS _____
Club/Group/Class: _____ 7th Grade _____ Supervising Faculty Member: _____ Crumpton _____
Activity: _____ 7th Grade Field Trip _____ Location: _____ Lowry Park Zoo, Tampa, Fl _____
Date & Time of Departure: _____ 5/13/16 10:00 am _____ Date & Time of Return: _____ 5/14/16 12:00 PM
Method of Transportation: ☐ xxx School Bus Charter Bus ☐ Private Ca ☐ School Vehicle _____
☐ Parent will be responsible for getting the student to and from said activity
SWIMMING ☐ WILL xxxxxWILL NOT BE PERMITTED.

Date of Birth: _____ Ht: _____ Wt: _____ Date of your child's last tetanus shot: _____

Does your child have any of the following conditions?

Epilepsy/Seizures ☐ Yes ☐ No Motion Sickness ☐ Yes ☐ No Diabetes ☐ Yes ☐ No Hemophilia/Bleeding Disorder ☐ Yes ☐ No
Any Medication ☐ Yes ☐ No Asthma/Wheezing ☐ Yes ☐ No Heart Disease ☐ Yes ☐ No Muscular/Skeletal problems ☐ Yes ☐ No
Any other condition which might possibly require treatment during the trip ☐ Yes ☐ No

If yes, please specify: _____

Is your child currently being treated for any illness? ☐ Yes ☐ No If yes, please specify: _____

List any allergies to: Medicines _____ Insects _____ Foods _____ Other _____

Are there any foods your child cannot eat? ☐ Yes ☐ No If yes, please specify what foods: _____

PARENT CONSENT/LIABILITY WAIVER/MEDICAL RELEASE

- I/We hereby give permission for my child to accompany employees of the Marion County School Board, acting as chaperones, to _____ for the days indicated above. I/We will not hold the Marion County School Board nor their agents or employees accompanying the group responsible for any accident or injury to my child except as caused by the negligence of the School Board, its employees and agents.
- In the event my child causes any property damage or personal injury, whether individually or in concert with other persons or entities, I/we agree to indemnify and hold harmless the Marion County School Board, its agents and employees.
- I/We have read all the information in regards to this trip. I am aware of guidelines of said trip and the number of chaperones which will accompany my child.
- I/We hereby grant permission to the attending physician or his consulting physicians, to render to my son/daughter any emergency treatment, medical or surgical care that might be deemed necessary to the health and well-being of said child. Also, when necessary for the administering of such care, I grant permission for hospitalization at an accredited hospital.
- I/We assume full responsibility and liability for any and all expenses, damage, accident, illness, injury or medical expense of and to my/our child or our property resulting from such participation. I/We attest and affirm that the participant has no limitation that should prevent participation in the activity and I/we have not been advised or informed by anyone to the contrary.
- I/We further agree to inform the appropriate school official(s) should my/our child's physical condition change in any way and any time so as to affect his/her participation in the activity herein named.

My student has medical insurance: ☐ Yes ☐ No Insurance Co: _____ Policy# _____

Home Telephone# _____ Work Telephone# _____ Pager/Cell Phone# _____ Emergency Telephone# _____

Parent/Guardian Name (Print) _____ Parent/Guardian (Signature) _____ Date _____ Home Address/ City/ Zip _____

THIS SECTION MUST BE COMPLETED BY PARENT ONLY IF STUDENT IS GOING OUT-OF-STATE OR OVERNIGHT!

(Sign in the presence of a notary)
Parent/Guardian Signature

NOTARY STATEMENT: STATE OF FLORIDA, COUNTY OF MARION

On _____ before me personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the instrument and acknowledged to me that he/she executed the same in his/her authorized capacity and that by his her signature on the instrument, the person or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal: _____