

OVERNIGHT _____
OUT-OF-STATE _____
OFF CAMPUS _____

OFF-CAMPUS SCHOOL ACTIVITY
PARENT CONSENT / LIABILITY WAIVER / MEDICAL RELEASE

Student: _____ School: _____
Club/Group/Class: _____ Supervising Faculty Member: _____
Activity: _____ Location: _____
Date & Time of Departure: _____ Date & Time of Return: _____
Method of Transportation: School Bus _____ Charter Bus _____ Private Car _____ Walking _____ Other _____

MEDICAL INFORMATION

Date of Birth _____ Height _____ Weight _____ Date of Last Tetanus Shot _____

Does your child have any of the following conditions: Asthma Yes _____ No _____ Epilepsy/Seizures Yes _____ No _____ Diabetes Yes _____ No _____
Allergy to: Medication Yes _____ No _____ If Yes list: _____ Food Yes _____ No _____ If Yes list: _____
Insects Yes _____ No _____ If Yes list: _____ Environment/Seasonal Allergies Yes _____ No _____
Heart Disease Yes _____ No _____ If Yes list: _____ Muscular/Skeletal Problem Yes _____ No _____ If Yes list: _____
Hemophilia/Bleeding Disorder Yes _____ No _____ If Yes list: _____ Other _____

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

Will your child require any medication during this trip? Yes _____ No _____ If your student requires medication during the trip, the parent will need to bring the medication to the school clinic and complete and sign a Student Medication Administration Record **at least one week before the field trip unless the medication is already on campus.**

PARENT CONSENT / LIABILITY WAIVER / MEDICAL RELEASE

- * I/We hereby give permission for my child to accompany employees of the Sumter County School Board, acting as chaperones, to _____ for the days indicated above. I/We will not hold the Sumter 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 Sumter 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 (**Please Print**) _____ Parent/Guardian Name (**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 SUMTER

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: _____

~ An Equal Opportunity School District ~
Drug Free Workplace

White – School copy

Yellow – Teacher copy

Pink – Nurse copy

(* If any medical information on this form is marked teacher must send to nurse one week before field trip)