SCHOOL DISTRICT OF OKALOOSA COUNTY
RISK MANAGEMENT DEPARTMENT
OFF CAMPUS SCHOOL ACTIVITY
PARENTAL PERMISSION, HOLD HARMLESS, WAIVER/RELEASE OF LIABILITY AND EMERGENCY MEDICAL AUTHORIZATION

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF OKALOOSA COUNTY SCHOOL DISTRICT, ITS SCHOOL BOARD, ITS EMPLOYEES, AGENTS OR ASSIGNS USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM, YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM OKALOOSA COUNTY SCHOOL DISTRICT, ITS SCHOOL BOARD, ITS EMPLOYEES, AGENTS OR ASSIGNS IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND OKALOOSA COUNTY SCHOOL DISTRICT, ITS EMPLOYEES, AGENTS OR ASSIGNS HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

All Students participating in off-campus school sponsored activities shall have the "Off-Campus School Activity" form completed and signed by a parent or guardian. This form shall accompany the sponsor(s) to the off-campus activity(ies).

Your child/ward is eligible to participate in a school-sponsored activity requiring transportation to a location away from the school building.

This activity will take place under the guidance and supervision of employees from:

School: Shoal River Middle School

Designated Supervisor: Emily Day

Date & Time of Departure: 9/17/2026- 4:45pm

Date & Time of Arrival: 9/17/2026- 6:30pm

Location of event: Fort Walton Beach High School

Sponsors / Guests at event: Emily Day Aisha Johnson

Method of student supervision: Teacher / Parent Vounteers

Anticipated chaperones: Emily Day, Aisha Johnson, Mallory Anderson, Dolorys Smith

Student Cost: $15

Method of Transportation: Bus

If you would like your child/ward to participate in this school activity, please complete, sign, and return this consent form, waiver/release of liability and medical authorization by _____ (date). As parent or legal guardian, you remain fully responsible for and accept all responsibility and any legal liability which may result from any personal actions taken by the named student.

PART I -PARENT/GUARDIAN PERMISSION, ACKNOWLEDGEMENT, HOLD HARMLESS AND WAIVER/RELEASE OF LIABILITY

I, _____ hereby grant permission for my child/ward, _____

to participate in the school activity and I know of, and acknowledge that my child/ward knows of, the risks involved in the school activity participation, understand that serious injury, and even death, is possible in such participation and choose to accept any and all responsibility for his/her safety and welfare while participating in the school activity. With full understanding of the risks involved, and in consideration for being allowed to participate in the activity I, for myself,

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child/ward and his/her heirs, personal representatives and next of kin, release and hold harmless my child's/ward's school, and The School Board of Okaloosa County, Florida, its members, officers, employees, volunteers, contractors, agents and assigns, of any and all responsibility and liability for any injury or claim, actions, damages, and/or costs and expenses, resulting from such participation and agree to take no legal action against The School Board of Okaloosa County, Florida, its members, officers, employees, volunteers, contractors, agents and assigns, because of any accident, injury or mishap involving the participation of my child/ward.

If your child/ward requires medication to be administered during this activity, please complete the following information:
List any medications needed during this activity: _____.
Parent/Guardian must supply all medications in their original prescription container and complete the **Dispersion of Medication form (MIS 5183)**.
List all allergies of Student: _____.
If any medications are listed, parent or guardian must speak with the designated employee prior to the activity. Both must sign below. If this is not completely filled out, your child/ward will not be allowed to participate in this activity.

_____ _____

Signature of Parent/Guardian Signature of Employee

I hereby consent to participation by my child/ward, _____ , in the event described above. I understand this event will take place away from school grounds and my child/ward will be under the supervision of the designated school employee(s) on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation and required information on medications.

I HAVE READ THIS CAREFULLY, UNDERSTAND IT, AND KNOW IT CONTAINS A HOLD HARMLESS PROVISION AND WAIVER/RELEASE OF LIABILITY. (Only one parent/guardian signature is required)

_____ _____ _____

Please print or type name of Parent/Guardian Date Signature of Parent/Guardian

PART II- PARENT/GUARDIAN PERMISSION FOR EMERGENCY TREATMENT, HOLD HARMLESS WAIVER/RELEASE OF LIABILITY

On rare occasions an emergency requiring hospitalization, surgery, and/or other medical treatment develops. The designated supervisor of this activity will attempt to contact the parent/guardian prior to emergency treatment consent. In some state/countries, students under 21 years might not be administered an anesthetic or operated upon without the written consent of the parent/guardian; therefore, we request the parent/guardian sign the following statement. This is to prevent a dangerous delay if an emergency does occur and we are unable to contact the parent/guardian.

In the event of injury and/or illness to my child/ward, _____

DOB _____ Address _____ City/State _____

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Health Insurance Plan and Plan Number (if applicable): _____

I hereby authorize an Okaloosa County School District principal and/or designee who is employed at the Student's District school campus to obtain and give consent to whatsoever medical treatment the representative deems necessary, including the administration of an anesthetic and surgery, and do hereby release the School Board of Okaloosa County, Florida, its members, officers, employees, volunteers, contactors, agents/assigns from any and all liability, claims, actions, damages, and/or costs and expenses which may arise from the representative's obtaining and consenting to said medical treatment.

I HAVE READ THIS CAREFULLY, UNDERSTAND IT, AND KNOW IT CONTAINS A HOLD HARMLESS PROVISION AND WAIVER/RELEASE OF LIABILITY. (Only one parent/guardian signature is required)

_____ _____ _____

Please print or type name Parent/Guardian Date Signature of Parent/Guardian

_____ _____ _____

Phone number Emergency Contact Emergency Phone Number

NOTARY (not required for in-county activities) **STATE OF FLORIDA - COUNTY OF OKALOOSA**

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online presence on _____(date) by,_____

who is personally known to me or has produced (Type of Identification) _____

as identification and who did/did not take an oath.

_____ _____

Signature of Notary Name of Notary Typed, Printed or Stamped

TO BE COMPLETED AT THE OPTION OF THE SCHOOL FOR SECONDARY STUDENTS

Students Name: _____

PERIOD	GOOD STANDING		ABSENCE APPROVED	
1.	YES	NO	YES	NO
2.				
3.				
4.				
5.				
6.				
7.				