

Suwannee County School Board

Parental Authorization/Permission Form

School Name: _____ Event/Trip Name: _____
Date of Event: _____ Location: _____
Times for event: _____ Type of Event: ☐ On-Campus ☐ Off-Campus Field Trip

******Parents, please complete all of the following information:******

Student's Name: _____
School Student Attends: _____
Name of Parent/Guardian: _____
Phone Number: _____

A. Parent/Guardian Permission

By signing below, I understand and acknowledge that my child is not required to participate in the above on campus special event or off-campus field trip (the "Activity"). I also understand and acknowledge that my child's participation in the Activity may involve certain risks, both foreseeable and unforeseeable, including, but not limited to, risks associated with transportation to and from off-campus locations, physical activities, exposure to weather and environmental conditions, interaction with other participants, use of equipment or facilities, and other hazards inherent in field trips and extracurricular activities. I understand that these risks may result in injury, illness, property damage, or in extreme cases, death. I voluntarily assume all such risks on behalf of my child and agree that my child's participation in the Activity is entirely voluntary.

In consideration of my child being permitted to participate in the Activity, I, on behalf of myself, my child, and our respective heirs, assigns, and personal representatives, hereby release, waive, discharge, and covenant not to sue the School Board of Suwannee County, FL, its governing board, officers, directors, administrators, employees, agents, volunteers, chaperones, and representatives (collectively, "Released Parties") from any and all claims, demands, actions, causes of action, suits, damages, losses, or liabilities of any kind, whether known or unknown, arising out of or in any way connected with my child's participation in the Activity. I agree to indemnify, defend, and hold harmless the Released Parties from and against any and all claims, demands, losses, damages, costs, and expenses, including reasonable attorney's fees, arising out of or related to my child's participation in the Activity.

B. Emergency Medical Authorization

I hereby authorize the Released Parties to obtain or provide emergency medical treatment for my child in the event of injury or illness during the Activity if I cannot be reached in a timely manner. I understand that the School Board of Suwannee County, FL does not provide medical insurance for participants in the Activity, and I agree to be financially responsible for any medical expenses incurred on behalf of the Student.

Emergency Contact: _____ Phone Number: _____
Name of Insurance Company: _____
Group/Policy Number: _____
Name local primary physician: _____ Tel: _____
List Allergies: _____
List Health Conditions that may affect emergency treatment: _____
List any activities in which student cannot participate: _____

Print Parent Name

Date

Parent/Guardian Signature

School Official : Are Chaperones Needed For This Event/Field Trip? ☐ Yes or ☐ Not at this time

If Chaperones are needed, please complete.

- ☐ I would like to serve as a chaperone for this event/field trip.
☐ I have a Volunteer Application on file (***Requires School Board Approval***).
☐ Please send me a blank Volunteer Application
☐ I would like to participate in this Field Trip as a visitor only. (Not needed if Vol. Appl. is on file.)