

**PARENT PERMISSION AND RESPONSIBILITY
STATEMENT FOR OFF-CAMPUS ACTIVITY**

School Name	Date
Student's Name	Grade/Class

Activity/Event: _____

List activity(ies) in detail or attach an outline that details all activities occurring during the trip.

ON _____	_____
Date(s) of Event	Teacher/Sponsor in Charge

TRANSPORTATION BEING PROVIDED (check all that apply)

- Walking
 - School Bus
 - Commercial Carrier (bus)
 - Privately Owned Vehicle
 - Leased Vehicle
 - County Vehicle
 - None
 - Other _____
 (Describe)

DRIVERS OF PRIVATE OR LEASED VEHICLES (check all that apply)

- Student (other than self)
 - Parent or Volunteer
 - Teacher or Staff Member
 - Other _____
 (Describe: student will drive self, aunt, uncle, etc.)

TYPE OF ACTIVITY (Check all that apply)

- Field Trip To _____ (Describe activity)
 - On Campus Activity

Parents should direct questions concerning the activity to the School Office or the following school personnel:

1. Name _____	Telephone: (____) ____ - (____) ____ - _____
Teacher – Sponsor in Charge	(School Number) (Mobile Phone)

**ALL THE ABOVE TO BE COMPLETED BY THE SCHOOL
PARENTAL AUTHORIZATION AND ACKNOWLEDGEMENT OF RISKS**

1. I understand that participation in this activity is voluntary, that it is not required, and that it exposes my child to some risk(s).
2. When the school does not provide transportation, the parent or guardian and student are responsible for transportation to and from the off-campus activity.
3. The parent or guardian and student understand that the school district, its officers, agents or employees are not responsible for the student during the time he/she is traveling to or from the off-campus activity, unless the school is providing transportation.
4. The parent or guardian, and student will assume the liability during the entire course of the student's participation in the off-campus activity and will indemnify and hold the School Board of Brevard County harmless for any injury or accident or property loss involving the student.
5. Parent or guardian permission for the student to participate in the above activity (ies) may be withdrawn by written notification to the principal or by a change in the student's schedule approved by the principal or designee.
6. I understand that my child will be involved in activities off school property; therefore, neither the School Board of Brevard County, or its employees and volunteers, will have any responsibility for the condition or use of any nonschool property.
7. In the event of medical emergency, I/We authorize the teacher or chaperone in charge of the Off-Campus activity to seek emergency medical treatment for my child at my expense.

Some field trips may include or have the potential for participation in swimming or other water based activities. Risks and dangers in water may arise from foreseeable or unforeseeable causes. Your signature signifies permission for your child to participate in these activities when supervised by a sponsor(s) and that you will indemnify/hold the School Board of Brevard County harmless for any accident or injury; and hereby assume all risks and dangers and all responsibility for any injury, loss, and/or damage that may occur while your child is engaged in the water related activity (ies).

I/We have read and understand the information above and accept the designated responsibilities. I hereby grant participation in all aspects of this trip.

- Granted
 Denied
 Granted with the following exceptions: _____
 (Describe)

Students Signature - Date	Parent/Guardian Signature- Date
(Optional for Elementary School)	(Required for all)