SCHOOL BOARD OF BREVARD COUNTY, FLORIDA

PARENT PERMISSION AND RESPONSIBILITY STATEMENT FOR OFF-CAMPUS ACTIVITY

| | Heritage High School | | 10/17/22 | |
|--|---|--|---|--|
| | School Name | Date | | |
| Student's Name (please print) | | | Grade / Class | |
| Activity / Event: Dis | ney Candlelight Processiona | | | |
| | List activity (ies) in detail | or attach an outline that details all activities | s occurring during the trip. | |
| On 11/26, 12/3, 12/23, and/or 12/30 | | Jennifer Rock | | |
| | Date(s) of Event | Teac | cher(s)/Sponsor in Charge | |
| TRANSPORTATION | BEING PROVIDED (chec | ck all that apply) | | |
| \square - Walking | ☐ - School Bus | ■ - Commercial Carrier (bus) | ☐ - Privately Owned Vehicle | |
| ☐ - Leased Vehicle | ☐ - County Vehicle | □ - None | ☐ - Other | |
| DRIVERS OF PRIVA | ATE OR LEASED VEHICI | LES (check all that apply) | (Describe) | |
| | | -22 (check an that apply) | | |
| \square - Student (other than se | If) \Box - Parent or Volunteer | \square - Teacher or Staff Member | ☐ - Other | |
| TYPE OF ACTIVITY | (Check all that apply) | | (Describe: student will drive self, aunt, uncle, etc.) | |
| ☐ - Field Trip To Ba | ckstage Epcot Center | (Describe activity) \Box - O | n Campus Activity | |
| 1 | | ,, , | • | |
| Parents snould direct | questions concerning the a | ctivity to the School Office or the | following school personnel: | |
| 1. Name J. Rock | | | 2 - 4178 (321) 960 - 5468 | |
| Teach | er – Sponsor in Charge ALL THE A | S BOVE TO BE COMPLETED BY THE S | School Number) (Mobile Phone) CHOOL | |
| When the school density the off-campus act The parent or guar student during the The parent or guar campus activity and loss involving the Parent or guardian the principal or by I understand that County, or its emp In the event of memergency medical | loes not provide transportation ivity. Idian and student understand time he/she is traveling to or ardian, and student will assured will indemnify and hold the student. I permission for the student to a change in the student's schemy child will be involved in loyees and volunteers, will headical emergency, I/We aut all treatment for my child at me | that the school district, its officers, from the off-campus activity, unless the liability during the entire are School Board of Brevard County of participate in the above activity (in activities off school property: the average any responsibility for the conditional thorize the teacher or chaperone by expense. | agents or employees are not responsible for the state school is providing transportation. course of the student's participation in the of harmless for any injury or accident or properties) may be withdrawn by written notification to designee. herefore, neither the School Board of Brevarition or use of any nonschool property. in charge of the Off-Campus activity to see there water based activities. Risks and dangers in | |
| water may arise from activities when superv accident or injury; and | foreseeable or unforeseeable ised by a sponsor(s) and tha | causes. Your signature signifies per you will indemnify/hold the Sch dangers and all responsibility for | permission for your child to participate in thes ool Board of Brevard County harmless for an any injury, loss, and/or damage that may occu | |
| I/We have read and und | derstand the information abo | ve and accept the designated respor | nsibilities. I hereby grant participation in all | |
| aspects of this trip - \Box | Granted ☐ Denied | ☐ Granted with the following exc | (Describe) | |
| Students Signature (Option | onal for Elementary School) - Da | nte Parent/Guardia | un Signature (Required for all) – Date | |