## SCHOOL BOARD OF BREVARD COUNTY, FLORIDA

## STUDENT MEDICAL RELEASE FORM FOR OUT-OF-COUNTY OR OVERNIGHT TRAVEL

									School Yea	ar		_
Name	of Student	(Please p	orint)									_
Addres	ss											_
Home	Phone (	)	<del>-</del>	Dat	e of Birth	/	/	Place	e of Birth			_
Parent	's Work Ph	one (	_)	<del>-</del>	Otl	ner Emergency Phone ()						
									ty schools is e County and the		ntary on ou	ır
students For this	s have a the reason, it i	orough un s required	derstanding that each	of the implestudent in th	ications involvie Brevard Co	ed in a sounty scho	student's pa	articipating s/her pare	dents and pard in a voluntary nt(s) or guard vernight schoo	y extracurric ian(s) read,	ular activity	у.
1.	I/We, the undersigned, as parent(s) or guardian(s), give my/our consent for the student identified herein to participate activities as a representative of his/her school.											in
2.	I/We 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.											fy
3.	I/We understand that all school officials will complete required accident insurance forms, after which all claims under insurance policy, or policies, for injuries received while participating in school events, shall be processed by the student, his/he parent(s), or guardian(s) through the company agent handling the student's insurance policy and not through the school officials.											er
4.	I/We herek	y accept f	inancial res	ponsibility fo	or equipment of	or instrum	ents lost, s	tolen, or d	amaged.			
5.	I/We authorize the school to transport and to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student in the course of such activities or such travel. I/We also agree that the expenses for such transportation and treatment shall not be borne by the school district or its employees.											
6.	I/We accept full responsibility and hereby grant permission for my/our son/daughter to travel on any school related trip by bus or privately owned motor vehicle driven by a licensed driver employed or not employed by the district. This statement remains in effect until the end of this school year unless cancelled by me/us in writing to the school.											
7.	7. Some extracurricular activities may include or have the potential for participation in swimming or other water based activities. Risks and dangers in water may arise from foreseeable and unforeseeable causes. I/We give permission for my child to participate in these activities when supervised by a sponsor(s) and I will indemnify and 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 my child is engaged in the water related activity (ies).											
Student's Signature  Date						Mother's or Guardian's Signature						
						Father's or Guardian's Signature						
(OFFIC	IAL SEAL)											
State of	Florida, Coun	ty of			Sworn to an	d subscrib	ed before me	e this	day of	, 20	by	/
				, who is p	ersonally know	n to me or	who has pro	duced		as	identification	በ.
	S	ignature of	Notary Public	;			Typed	, Printed, or	Stamped Name	e of Notary		-
My Commission Expires						Notary Public Commission Number						