SCHOOL BOARD OF BREVARD COUNTY, FLORIDA

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

							School Year			
Name	of Student (Plea	se print)								
Addres	SS									
Home	Phone ()	-	Date of Birth	/	/	Place	of Birth			
Parent	's Work Phone (_)	-	Other Eme	ergency Ph	one ()			
			e in activities or events by all the rules set dow						ry on our	
student For this	s have a thorough reason, it is requ	n understandir iired that each	its school principals, and of the implications in student in the Brevard dent being allowed to pa	volved in a County sch	student's pa	articipating s/her parer	in a voluntary e nt(s) or guardian	xtracurricula (s) read, un	ar activity.	
1.	I/We, the undersigned, as parent(s) or guardian(s), give my/our consent for the student identified herein to participate in activities as a representative of his/her school.									
2.	I/We will assume the liability during the entire course of the student's participation in the off-campus activity and will indemniful and hold the School Board of Brevard County harmless for any injury or accident or property loss involving the student.									
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.									
4.	I/We hereby acco	ept financial re	esponsibility for equipme	ent or instrur	nents lost, s	tolen, or da	amaged.			
5.	I/We authorize the school to transport and to obtain, through a physician of its own choice, any emergency medical care tha 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.	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				Mother's or Guardian's Signature						
Date					Father's or Guardian's Signature					
(OFFIC	IAL SEAL)									
State of	Florida, County of		Sworn to	o and subscri	oed before me	e this	day of	, 20	by	
			, who is personally kr	nown to me o	who has pro	duced		as ide	entification.	
	Signatur	e of Notary Pub	lic		Typed	, Printed, or	Stamped Name of	Notary		
My Commission Expires				Notary Public Commission Number						