SCHOOL BOARD OF BREVARD COUNTY, FLORIDA

PARENT PERMISSION AND RESPONSIBILITY STATEMENT FOR OFF-CAMPUS ACTIVITY

Stone Magnet Middle		02/07/20	
School Name		Date Science Research	
Student's Name (please print)		Grade / Class	
Activity / Event: Regional Science and E	Engineering Fair		
List activity (ies) in detail	or attach an outline that details all acti	vities occurring during the trip.	
On Thursday 2/20, Friday 2/21 and Saturday 2/2	22/2020 M	r. Regan/Mr. Shupe/Mr. Kelly/Mr. Warthen	
Date(s) of Event		Teacher(s)/Sponsor in Charge	
TRANSPORTATION BEING PROVIDED (chec	ck all that apply)		
= w.u.	T 0 110 1 0	See "Regional Fair Final Countdown" for complete details. The school will provide	
☐ - Walking	- Commercial Carrier (bus	transportation to and from the Melbourne Squar	
Thursday AM and PM - Leased Vehicle - County Vehicle	T - None	Mall by school bus on Thursday morning and	
		Thursday afternoon Parents must provide transportation on Friday morning/afternoon and	
DRIVERS OF PRIVATE OR LEASED VEHICI	LES (check all that apply)	Saturday morning/afternoon/evening. At pickup	
- Student (other than self) - Parent or Volunteer	- Teacher or Staff Member	time, parents must sign out their student by coming inside the mall and presenting a photo I	
		at the check out area.	
TYPE OF ACTIVITY (Check all that apply)			
T - Field Trip To Melbourne Square Mall, Melbourne	(Describe activity)	- On Campus Activity	
Parents should direct questions concerning the a	ativity to the School Office or	the following school personnal:	
rarents should direct questions concerning the a	cuvity to the School Office of	the following school personner:	
1. Name Richard M. Regan	Telephone: ()	321-723-0741 () 321-794-7928	
Teacher – Sponsor in Charge ALL THE A	BOVE TO BE COMPLETED BY TI	(School Number) (Mobile Phone) HE SCHOOL	
PARENTAL AUTHOR	IZATION AND ACKNOWLI	EDGEMENT OF RISKS	
1. I understand that participation in this activity is			
2. When the school does not provide transportation the off-campus activity.	on, the parent or guardian and si	tudent are responsible for transportation to and fro	
3. The parent or guardian and student understand		ers, 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.			
		ire course of the student's participation in the of unty harmless for any injury or accident or proper	
loss involving the student.	ic bender board of brevard co	unity harmness for any injury or accident or proper	
5. Parent or guardian permission for the student to		ty (ies) may be withdrawn by written notification	
the principal or by a change in the student's scl			
6. I understand that my child will be involved in activities off school property: therefore, neither the School Board of Breval 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 see			
emergency medical treatment for my child at n	ny expense. Emergen	cy Contact Number:	
Some field trips may include or have the potential	for participation in swimming of	or other water based activities. Risks and dangers	
water may arise from foreseeable or unforeseeable			
activities when supervised by a sponsor(s) and that			
accident or injury; and hereby assume all risks and		for any injury, loss, and/or damage that may occ	
while your child is engaged in the water related act	ivity (ies).		
I/We have read and understand the information abo	ve and accept the designated re	sponsibilities. I hereby grant participation in all	
agnosts of this trin Granted Danied	[Granted with the faller-in-	a excentions:	
aspects of this trip - 17 Granted 11 Denied	Granted with the following	g exceptions:(Describe)	
Students Signature (Optional for Elementary School) - D	parent/Gu	ardian Signature (Required for all) – Date	