

**PARENT PERMISSION AND RESPONSIBILITY STATEMENT FOR
STUDENT PARTICIPATION IN CLUBS AND ACTIVITIES**

 District Sponsored

(See Policies 2430 and 5730)

 X Non-District Sponsored

R.L. Stevenson Elementary

School Name

Date

Student's Name

Grade

Activity/Event: Scholastic Book Fairs 2024-25 School Year

List activity/event

ON 8/19/24- 8/23/24 and 5/12/25 - 5/16/25

Date(s) and time of Event

Media Specialist

Adult Supervisor

LOCATION OF EVENT/ACTIVITY Media Center, during school hours and before school.

NATURE OF EVENT/ACTIVITY Browse and/or shop for books and school supplies at Scholastic Book Fairs.

A portion of sales from the Fair goes to the school Media Center to be used for books and supplies.

Staff/Guests who will be present during event/activity Media Specialist, Media Assistant, Parent Volunteers

Parents should direct questions concerning the activity to the School Office

Name Media Specialist

Adult Supervisor

Telephone: (321-454-3550) - _____

(School Number) (Mobile Phone)

(ALL THE ABOVE TO BE COMPLETED BY THE SCHOOL)

PARENTAL AUTHORIZATION AND ACKNOWLEDGMENT OF RISKS

1. I understand that participation in this event/activity is voluntary.
2. The parent or guardian and student are responsible for transportation to and from the event/activity unless otherwise specified.
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 event/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 event/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 Parent or guardian permission for the student to participate in the above event/activity may be withdrawn at any time by contacting the school and/or sponsor.
6. In the event of medical emergency, I/We authorize the sponsor or chaperone in charge of the event/activity to seek emergency medical treatment for my child at my expense.

I/We have read and understand the information above and accept the designated responsibilities. I hereby grant participation in all aspects of the above Student Club and/or Activity.

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

Students Signature – Date
(Optional for Elementary School)

Parent/Guardian Signature– Date
(Required for all)