

**ST. JOHNS COUNTY SCHOOL DISTRICT  
PARENT PERMISSION FORM FOR FIELD TRIP ACTIVITIES**

School: Creekside High School

I/We, the parents/guardians of the student named below, understand the nature of the trip being planned to:

Grad Bash 2018 at Universal Studios Orlando

Friday, 4/13/2018

(DATE)

Time: Leave: 4:00pm Return: 5:00 am We understand transportation will be by:

Daytona Orlando Transit

at a cost of \$ 130.00

(MODE OF TRANSPORTATION)

We acknowledge our student is in good physical health and the Trip does not pose a health hazard to my student. *We also understand in times of national emergency or any other time when it is in the best interest of the health, safety and welfare of students and employees, the School Board may revoke its approval assuming no liability for reimbursement of costs or expenses incurred by the cancellation of any trip.*

I/We hereby grant permission and give my/our consent for my student to (1) be treated by any qualified nurse, physician, or surgeon as may be deemed necessary by the District, its agents, servants, or employees during the trip; (2) be administered medication and/or emergency first aid care as may be necessary or appropriate; and (3) receive treatment in hospitals, medical offices, or elsewhere in the event of accident or illness. To assist in that medical care or treatment, I/we represent that the medical information supplied on the Medical Information Form and or the School Health Card is true and accurate. In the event of an injury requiring medical attention, I/We understand and agree that neither the District nor its agents, servants, or employees are responsible for obtaining, or for the result of any medical or emergency treatment rendered or supplied to my student. I/We will hold the District and its agents, servants, or employees harmless and indemnify them from any claim, cause of action or demand arising out of any form of or the lack of medical or emergency treatment rendered to my student.

In the event that a student must return to school independently for reasons of health, accident, failure to conform to rules established by the teacher in charge, etc., we agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses. This permission slip also serves as a contract that the student and parent(s) understand and agree to the guidelines from each teacher as to making up missed assignments.

My student, by his/her signature hereto, fully agrees and consents to the foregoing with permission to participate in the listed field trip.

Student's Name (Print): \_\_\_\_\_

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Home Phone

Emergency contact, if parent unavailable \_\_\_\_\_

Phone \_\_\_\_\_

Family Physician \_\_\_\_\_

Phone \_\_\_\_\_

Health Insurance Provider \_\_\_\_\_

Policy# \_\_\_\_\_

If the student requires medication during this trip, and or there is information of which sponsors should be aware, I understand I am obligated to complete the Medical Information Form (obtained from the trip supervisor) and provide the medication to the personnel trained to administer the medication.