

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

School: _____

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

_____ on _____
(DATE)

Time: Leave: _____ Return: _____ This field study includes a supervised water activity: Yes _____ No _____

_____ at a cost of \$ _____
(MODE OF TRANSPORTATION)

We acknowledge our student is in good health and the study 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 activity.*

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 activity; (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. The district, its agents, servants, or employees are not responsible for acts or omissions of third parties as a result of securing medical care. 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 study.

Student's Name (Print): _____

Signature of Student

Date

My student requires medication and/or medical attention: YES ____ NO ____

If yes, you must complete the Medical Information Form (obtained from the activity supervisor) and provide the medication to the personnel trained to administer the medication.

Signature of Parent/Guardian

Date

Cell Phone

Work Phone

Home Phone

Emergency contact, if parent unavailable _____

Phone _____

Family Physician _____

Phone _____

Health Insurance Provider _____

Policy# _____

Universal 2021

UNIVERSAL'S ISLANDS OF ADVENTURE AND UNIVERSAL STUDIOS

Monday, 4/19/21 6:30AM to 8:30PM.

To participate in this activity this form **must be signed** by a parent/guardian and returned to Mrs. Mackoul in Testing no later than April 9, 2021 (along with full payment, made online). Failure to submit the **completed** form on time will result in the student not being allowed to participate in this field trip.

NAME OF STUDENT: _____

Date: Monday, April 19, 2021

Transportation: Candies Coachworks – check-in at 6:15AM in the bus loop. ALL Universal participants MUST use the provided transportation to Universal and the return trip to Creekside High School. NO EXCEPTIONS!

Destination: Universal Studios

Sponsored By: Creekside High School Class of 2021

Senior Class Sponsors: Brooke Mackoul & Marvin Jenkins

Parent must initial by each statement:

____ I understand this trip requires extensive preparation/planning and tickets CANNOT be TRANSFERRED OR REFUNDED

____ I understand that if my student is unable to attend the event due to COVID related illness or quarantine status, a refund will NOT be issued.

____ I understand that my student must not be in violation of a Level III or IV behavioral offense and/or have received a 15 day attendance letter for the duration the 2020/2021 school year in order to participate.

____ I understand that the resource officer and administration will be checking for any inappropriate substances before we leave the school. If my student is in violation, he/she will not be participating in the event and will be referred to school administration, which will result in disciplinary action. NO REFUND WILL BE GIVEN.

____ I understand that for safety and security reasons any bag my student brings will be left on the bus. Candies Coachworks, St. Johns County School District or Creekside High School will NOT be responsible for items left on the bus. Students may be subject to electronic security scans.

____ I understand that Universal Studios is a smoke-free, alcohol-free, and drug-free theme park. Any student who is in possession of any illegal substances will be detained by the Orange County Sheriff's Department. Any inappropriate behavior will be referred to the school administration which may result in disciplinary action.

____ Due to Universals policy and safety considerations, everyone has to stay in the park until the event ends. Students & Chaperones must arrive and depart as a group. There are no exceptions.

____ I understand that cell phone numbers of chaperoning adults will be distributed to students for emergencies. My student's cell phone number is _____ and will only be used in the event he/she misses a check-in.

____ I give permission for photographs taken of my child to be used in media press releases.

____ Students will NOT be permitted to bring their own food or drinks.

____ I have reviewed the provided health screener questionnaire and understand that if my student is experiencing any of the related symptoms, they will not attend the trip and a refund will NOT be issued.

ST JOHNS COUNTY SCHOOL BOARD PARENT RELEASE FORM

My son/daughter has my permission to participate in the Senior Universal's Island of Adventure and Universal Studios trip. I consent to my child's participation in the aforementioned activity. I agree to release and discharge the St. Johns County School District, its officers, agents, and employees, exercising reasonable care with their type of employment, from liability (all claims and demands/rights and causes of actions) growing out of personal injuries and property damage resulting or occurring during the aforementioned activity, or in transit to and from said activity.

Signature of parent/guardian: _____

Date: _____

If you have any questions pertaining to this activity, please contact Brooke Mackoul (brooke.mackoul@stjohns.k12.fl.us)

Student Health Screening Entry Form

Please assess your child daily for the following symptoms and answer the contact questions.

- Fever of 100.4 or higher
- Uncontrolled cough
- Shortness of breath or difficulty breathing
- Sore throat
- Loss of sense of smell or taste
- Muscle aches
- Vomiting or diarrhea
- Is your child currently awaiting COVID-19 test results? **If yes, please keep your child home and notify the school nurse when test results received. Further instructions will be discussed at that time.**
- Does your child live in the same household with someone positive for COVID19? **If yes, your child must quarantine for 10 days from the last date of contact with the positive individual. The quarantine period may be shortened to as few as 7 days if a negative PCR test result is obtained on day 6 or later from exposure to the positive case. The Dept. of Health will assist in clearing your child to return to school once they have received the negative test result.**

MEDICAL INFORMATION FORM

(Required for Type C Field Studies and any student requiring medication)
(Recommended for all Field Studies)

Child's Name: _____

Date of Birth: _____

Health Insurance Provider and # of Medical Plan: _____

Doctor's Name & Phone #: _____

Parent's Contact Number: Cell: _____ Work: _____ Other: _____

If parents cannot be reached in an emergency, please contact:
Name: _____ Phone #: _____

LIST ANY AILMENTS, DISABILITIES OR PROBLEMS INVOLVING YOUR CHILD WHICH MIGHT AFFECT HIS/HER PARTICIPATION.

Asthma _____	Diabetes _____	Nightmares _____
Allergies _____	Ear Infection _____	Sinus _____
Bronchitis _____	Epilepsy _____	Sleepwalking _____
Bed Wetting _____	Heart Disease _____	Other _____

Information of which sponsors should be aware:

1. Unusual reactions or allergies to drugs.
2. Special care needed while on activity.
3. Special instructions to medical personnel if emergency care is needed.
4. Significant health problems of student.

All prescription and non-prescription medication to be administered by trained school personnel must have an Authorization to Administer Medication form signed by both the parent/guardian and the physician ordering the medication. All medication must be received in the original container with current Rx label including student's name, dosage, and frequency of administration, physician's name, and expiration date of medication. All non-prescription medication in the possession of students at the middle and high school level not administered by school personnel must be in the original container and requires written permission from the parent to the school. All medication and required documentation must be cleared through the School Clinic prior to the field study.

Name of Medicine: _____

What it is to be used for: _____

How it is to be given: _____ Quantity to be given: _____ Time to be given: _____

Parent's Signature _____

IN CASE OF EMERGENCY: I hereby request the physician/emergency team selected by the supervisor provide treatment for my child named above.

Name: (Print) _____

Parent's Signature: _____ Date: _____