

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

School Year _____

Name of Student (Please print) _____

Address _____

Home Phone (____) _____ - _____ Date of Birth ____/____/____ Place of Birth _____

Parent's Work Phone (____) _____ - _____ Other Emergency Phone (____) _____ - _____

This agreement to travel and participate in activities or events sponsored by the Brevard County schools is entirely voluntary on our part. It is also agreed that we will abide by all the rules set down by the School Board of Brevard County and the school.

The School Board of Brevard County, its school principals, and its teachers desire that students and parent(s) or guardian(s) of students have a thorough understanding of the implications involved in a student's participating in a voluntary extra-curricular activity. For this reason, it is required that each student in the Brevard County schools and his/her parent(s) or guardian(s) read, understand, and sign this agreement prior to the student being allowed to participate in any out-of-county or overnight school trips.

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 indemnify 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/her 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 accept financial responsibility for equipment or instruments lost, stolen, or damaged.
5. I/We authorize the school to transport and to obtain, through a physician of its own choice, any emergency medical care that 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 extra-curricular 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

(OFFICIAL SEAL)

State of Florida, County of _____.

Sworn to and subscribed before
me this _____ day of
_____, 20 _____ by

_____, who is personally known to me or who has
produced _____ as identification.

Signature of Notary Public

Typed, Printed, or Stamped Name of Notary

My Commission Expires

Notary Public Commission Number

2/04
9/09