



THE SCHOOL DISTRICT OF PALM BEACH COUNTY Elementary School Middle School
Field Trip Permission/Release High School

Permission is requested for your child (student) to go on a field trip. To give permission for your child to attend this field trip complete the information in Section II. Return the completed *Field Trip Permission* to the teacher named below along with payment* if there is a charge. If this *Field Trip Permission* is not returned, your child will not be permitted to attend. This form must be signed by the parent(s) and student, if over 18 years of age. Both parents should sign if feasible.

SECTION I - TRIP INFORMATION

NAME OF SCHOOL Bak MSOA		SCHOOL CONTACT Coach		TELEPHONE NUMBER 561-882-3870	
TEACHER Coach		GRADE 6-8	TRIP DURATION Number of: Days TBD Nights <input type="checkbox"/> Overnight trip **		
DATE OF DEPARTURE See Schedule	DEPARTURE TIME TBD <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	DATE OF RETURN	APPROXIMATE RETURN TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		COST PER STUDENT *
DESTINATION See Schedule - Away Games <input checked="" type="checkbox"/> In-county <input type="checkbox"/> out-of-county <input type="checkbox"/> out-of-country				NUMBER OF CHAPERONS Male Female	
METHODS OF TRAVEL (check all that apply) <input type="checkbox"/> School Bus <input type="checkbox"/> Private Charter Bus <input type="checkbox"/> Walking <input checked="" type="checkbox"/> Private vehicle*** <input type="checkbox"/> Other (specify) <u>Bus if needed</u>					
DRIVER <input checked="" type="checkbox"/> Adult <input type="checkbox"/> Student		LODGING (if applicable) None			
PURPOSE FOR TRIP Athletic Participation					
DESCRIPTION OF SUPERVISION + Athletes will be transported to and from athletic events using private vehicles/volunteers.					

Attach any additional pages, if needed, including any relevant provisions in the student's IEP or 504 plan.

* No penalty of any type will be imposed against the student based upon a failure to pay for the field trip. No student shall be denied the right to participate for failure to pay for the field trip. The principal may forgo a planned activity or use of a particular item based upon the collection of insufficient funds to cover the cost of the item or activity. This request is for a voluntary payment.

** In the event of an overnight trip, students may not be supervised while in assigned rooms.

*** Each person transporting the students in a private vehicle must show proof of current automobile liability insurance to the school supervisor and to the parents/ guardians of the student traveling in the vehicle upon request. Volunteer drivers are required to carry minimum insurance requirements as specified by FL Statute 627.736 and complete the *School Volunteer Application* (PBSD 0887).

+ Describe the circumstances or times that the students will NOT be supervised by school staff or parents although adult supervisors will be present. Parents are encouraged to ask any questions about supervision on trip.

SECTION II - PARENT / LEGAL GUARDIAN APPROVAL

NAME OF STUDENT (last, first, middle initial)		TRIP DESTINATION S			
HOME TELEPHONE NUMBER	BUSINESS TELEPHONE NUMBER	CELL NUMBER		EMERGENCY TELEPHONE NUMBER	
PHYSICIAN NAME		TELEPHONE NUMBER	STUDENT SWIMMING SKILL LEVEL (if applicable) <input type="checkbox"/> Non-swimmer <input type="checkbox"/> Beginning <input type="checkbox"/> Skilled		
OTHER STUDENT INFORMATION (allergies, medications, etc., be specific)					MEAL PROVIDED <input type="checkbox"/> By Parent <input type="checkbox"/> By School

I agree and my child agrees to abide by all rules and safety precautions relating to this field trip activity. I am aware that during this trip certain risks are inherent. I understand that this field trip activity may involve certain conditions, hazards and potential dangers, including those associated with traveling in the above chosen method of travel or those associated with the facilities or property where the field trip will occur or whether the dangers are open and obvious or concealed. Any questions which have occurred to me have been answered to my satisfaction. I am participating in these activities of my own free choice. My signature acknowledges that I have been informed of the reasonably expected hazards associated with the field trip in which my child will be participating. The School District recognizes its responsibility for its negligent acts subject to the limits of Section 768.28, Florida Statutes. Based on current Florida Law, the School Board is not responsible for the negligence of volunteer drivers. I further agree to accept responsibility for any negligent, willful, or intentional act of my child and as a result will indemnify and hold harmless the School District for all costs, damages and attorneys fees. In the event of an emergency, reasonable attempts will be made to contact the parent. This would not prevent the emergency health care provider from acting in the best interests of the child. I authorize emergency medical treatment for my child in the event of accident or illness during this field trip.

Check here if the student wears a medical alert

Signature of Emancipated Student Date

Signature of Parent/Guardian Date