



THE SCHOOL DISTRICT OF ESCAMBIA COUNTY

75 N. PACE BLVD.
PENSACOLA, FL 32505
<http://www.myescambiaschools.com>
MALCOLM THOMAS, SUPERINTENDENT

OFF-CAMPUS DAY ACTIVITY TRIP PARENTAL CONSENT & RELEASE

For local area trips (Escambia, Santa Rosa, Okaloosa) within the normal school day.

I/We, hereby grant permission for (student name) _____ to participate in an off-campus school activity of (type activity) _____ at (location) _____ on (date) _____ and to make incidental stops en route and return when determined to be necessary or desirable.

I/We, understand the method of transportation will be:

☐ School Bus – ☐ Charter Bus – ☐ Rental Vehicle – ☐ Private Vehicle – ☐ Walking

I/We, understand that under present law, if my/our child is riding in a private passenger automobile which is involved in an accident, he/she will be primarily covered for bodily injury under my/our family automobile policy, and I/We agree to submit any medical bills incurred to my insurance company for payment. If my/our policy has been issued with a deductible clause relative to the personal injury protection, I/we understand that I/we have assumed that deductible amount when I/we purchased the policy.

I/We, on behalf of ourselves, our heirs, executors, successors, and assigns, in consideration of my/our child participating in the off-campus school activity, release and agree to save and hold harmless the School Board of Escambia County, Florida, its agents, servants, employees and successors from any activity and from the obtaining of and consenting to medical treatment, and assume full responsibility and liability for any and all expenses, damage, accident, illness, injury, or medical expense of and to my/child or our property resulting from such participation. We attest and affirm that the participant is physically fit and able to participate in the activity and we have not been advised or informed by anyone to the contrary.

In the event of an accident requiring emergency care, a reasonable effort will be made to notify the parent/guardian if practicable. By the signature below, the parent/guardian hereby authorizes any emergency medical treatment and/or hospitalization deemed necessary by emergency response or medical personnel. **A copy of this permission form will accompany the activity sponsor. A copy of this permission form must be retained by the sponsor based on the State Retention Guidelines**

List any activities in which student cannot participate:

Signature of Parent or Guardian

Date