

**ON/OFF-CAMPUS SCHOOL ACTIVITY**

**TO: Parent/Guardian**

**FROM: School Principal**

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF OKALOOSA COUNTY SCHOOL DISTRICT, ITS SCHOOL BOARD, ITS EMPLOYEES, AGENTS OR ASSIGNS USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM OKALOOSA COUNTY SCHOOL DISTRICT, ITS SCHOOL BOARD, ITS EMPLOYEES, AGENTS OR ASSIGNS IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND OKALOOSA COUNTY SCHOOL DISTRICT, ITS EMPLOYEES, AGENTS OR ASSIGNS HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

All Students participating in off-campus school sponsored activities shall have the "ON/Off-Campus School Activity" form completed and signed by a parent or guardian. This form shall accompany the sponsor(s) to the off-campus activity(s) and should be completed as follows:

- A.  **Student activities in-county/off-campus:** Parent or guardian shall complete the parent permission portion of the form for each activity. The form is not required to be notarized for in-county on/off-campus activities.
- B.  **Student activities requiring off-campus/out-of-county travel:** Parent or guardian shall complete the form in its entirety and have the form notarized for each activity, unless the form has previously been under the multiple off-campus activities guidelines.
- C.  **Student Activities requiring multiple off-campus/out-of-county travel:** Parent or guardian shall complete the form in its entirety and have the form notarized. Completion of the form may be used for all related activities (example: band trips scheduled for the school year).

PARENT/GUARDIAN COMPLETE FOR A, B, AND/OR C.

Your son/daughter is eligible to participate in a school-sponsored activity requiring transportation to a location away from the school building. This activity will take place under the guidance and supervision of employees from Fort Walton Beach High School. A Brief description of the activity follows:

Name of the event: **FWBHS Band Events 2019-20** Destination: **Multiple destinations specified by the 2019-20 Band Calendar.**

Designated Supervisor of Activity: **Mr. Randy Folsom and or Mr. Derek Fields**

Date and Time of Departure: **School Year 2019-20** Date and Anticipated time of return: **School Year 2019-20**

**(itinerary will be provided for individual trips)**

Student Cost: **Varies by trip. Notice will be provided** Method of transportation: **School Buses or Charter buses**

If you would like your child to participate in this school activity, please complete, sign and return the following statement of consent by ASAP. As parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal action taken by the named student.

**Turn Completed Forms into one of the Band Directors**

### PART I – PARENTAL/GUARDIAN PERMISSION, ACKNOWLEDGEMENT AND RELEASE

I, \_\_\_\_\_ hereby grant permission for \_\_\_\_\_ (Student) to participate in the school activity and I know of, and acknowledge that my child/ward knows of, the risks involved in the school activity participation, understand that serious injury, and even death, is possible in such participation and choose to accept any and all responsibility for his/her safety and welfare while participating **in the school activity**. With full understanding of the risks involved, I release and hold harmless my child's/ward's school, and Okaloosa County School District, its School Board, its officers, employees, agents or assigns, of any and all responsibility and liability for any injury or claim resulting from such participation and agree to take no legal action against the Okaloosa County School District, its School Board, its officers, employees, agents or assigns, because of any accident or mishap involving the participation of my child/ward.

If your child requires medication to be administered during this activity, please complete the following information:

List any medications needed during this activity: \_\_\_\_\_. Parents must supply all medications in their original prescription container. List all allergies of Student: \_\_\_\_\_. If any medications are listed, parent or guardian **must** speak with the designated employee **prior** to the activity. Both must sign below. If this is not completely filled out, your child **will not** be allowed to participate in this activity.

Parent/Guardian \_\_\_\_\_ Employee \_\_\_\_\_

I hereby consent to participate by my child, \_\_\_\_\_, in the event described above. I understand this event will take place away from school grounds and my child will be under the supervision of the designated school employee on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation and required information on medications.

\_\_\_\_\_  
Please print or type name Date Signature

### PART II - PARENT/GUARDIAN PERMISSION FOR EMERGENCY TREATMENT

On rare occasions an emergency requiring hospitalization, surgery, and /or other medical treatment develops. The designated supervisor of this activity will attempt to contact the parent/guardian prior to emergency treatment consent. In some state/countries, students under 21 years might not be administered an anesthetic or operated upon without the written consent of the parent/guardian; therefore, we request the parent/guardian sign the following statement. This is to prevent a dangerous delay if an emergency does occur and we are unable to contact the parents.

In the event of injury and/or illness to our son/daughter/ward, \_\_\_\_\_  
Student Name

born \_\_\_\_\_ Address \_\_\_\_\_  
Month/Day/Year Street City State Zip Code

Health Insurance Plan and Plan Number \_\_\_\_\_

We hereby authorize an Okaloosa County School District principal and/or designee who is employed on the Student's District school campus to obtain and give consent to whatsoever medical treatment the representative deems necessary, including the administration of an anesthetic and surgery, and do hereby release the Okaloosa County School District, its School Board and the representative or from any and all claims which may arise from the representative's obtaining and consenting to said medical treatment.

\_\_\_\_\_  
Please print or type name Date Signature

\_\_\_\_\_  
Telephone Number Emergency Contact Person Emergency Telephone Number

**I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE (Only one parent/guardian signature is required)**

\_\_\_\_\_  
Name of Parent/Guardian (printed) Signature of Parent/Guardian Date / /

\_\_\_\_\_  
Name of Parent/Guardian (printed) Signature of Parent/Guardian Date / /

Turn Completed Forms into one of the Band Directors

**NOTARY REQUIRED FOR "B" And/Or "C"**

**STATE OF FLORIDA  
COUNTY OF OKALOOSA**

The foregoing instrument was acknowledged before me this \_\_\_\_\_ by \_\_\_\_\_  
Date Name of Person Acknowledged

who is personally known to me or has produced \_\_\_\_\_  
Type of Identification

as identification and who did/did not take an oath.

\_\_\_\_\_  
Signature of person Taking Acknowledgment Name of Acknowledger Typed, Printed or Stamped

*The information below is not necessary for this document.*  
*There may be forms that we send out separately for some*  
*Individual activities as they occur*  
*Most of the activities that this document covers does not require the student to miss classes*

**TO BE COMPLETED AT THE OPTION OF THE SCHOOL FOR SECONDARY STUDENTS**

Students Name: \_\_\_\_\_ Date \_\_\_\_\_  
Last/First/Middle

I request to be released from the following classes to go to \_\_\_\_\_

**TO BE COMPLETED BY THE TEACHERS**

**GOOD STANDING**

YES	NO	PERIOD
<input type="checkbox"/>	<input type="checkbox"/>	1. _____
<input type="checkbox"/>	<input type="checkbox"/>	2. _____
<input type="checkbox"/>	<input type="checkbox"/>	3. _____
<input type="checkbox"/>	<input type="checkbox"/>	4. _____
<input type="checkbox"/>	<input type="checkbox"/>	5. _____
<input type="checkbox"/>	<input type="checkbox"/>	6. _____
<input type="checkbox"/>	<input type="checkbox"/>	7. _____

**Absence Approved**

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

To be submitted to the sponsor in charge of this off-campus activity.