

***PLEASE FILL OUT HIGHLIGHTED PARTS / SIGN LAST PAGE / RETURN ENTIRE PACKET BY: AUGUST 26TH**



Clay County District Schools

Field Trip Parent/Guardian Consent Form & Indemnity Agreement

SCHOOL NAME	OAKLEAF JUNIOR HIGH
GRADE LEVEL OR GROUP OF STUDENTS	BAND

FIELD TRIP DETAILS

FIELD TRIP DESTINATION	ALL EVENT LOCATION FOR 2024-25 YEAR
SUMMARY OF EVENTS YOUR CHILD WILL EXPERIENCE OR BE EXPOSED TO	BAND
DEPARTING FROM SCHOOL	DATE To Be Determined (TBD) TIME ____TBD____
RETURNING TO SCHOOL	DATE ____TBD____ TIME ____TBD____
METHOD OF SUPERVISION	<input checked="" type="checkbox"/> CCDS STAFF <input checked="" type="checkbox"/> PARENT VOLUNTEERS
MODE OF TRANSPORTATION	<input checked="" type="checkbox"/> SCHOOL BUS <input checked="" type="checkbox"/> CHARTER BUS <input type="checkbox"/> PRIVATE VEHICLE <input type="checkbox"/> _____
LUNCH INFORMATION/DETAILS	To Be Determined

PAYMENT INFORMATION

STUDENT COSTS	INCLUDED IN BAND FEES
CHAPERONE COSTS	PAID VIA MY SCHOOL BUCKS
ONLINE PAYMENTS	MY SCHOOL BUCKS
DATE FOR FINAL ONLINE PAYMENT	9/26/24

STUDENT INFORMATION

STUDENT FIRST AND LAST NAME	
DATE OF BIRTH	
SIX-DIGIT STUDENT NUMBER	
FIELD TRIP DESTINATION AND DATE	ALL BAND EVENTS 2024-25

CHAPERONE INFORMATION

Anyone interested in participating as a Volunteer Chaperone **must be an "approved" volunteer** with CCDS prior to the field trip date. Anyone who **HAS NOT** applied to be a volunteer within the last 4 years may do so at oneclay.net/volunteer. **-For BAND, Chaperones will need the 'LEVEL 2 VOLUNTEER CLEARANCE'.**

<input type="checkbox"/> DO YOU OR ANOTHER ADULT FAMILY MEMBER WANT TO CHAPERONE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> First and Last Name of person interested in serving as Volunteer Chaperone during this field trip	
<input type="checkbox"/> Relationship to student	
<input type="checkbox"/> Contact Phone #	
<input type="checkbox"/> Contact Email	

I UNDERSTAND THAT THIS DOCUMENT CONTAINS A RELEASE

Motor Vehicle Insurance

I/We understand that under present "no fault" motor vehicle insurance law, if my child is injured while riding in a private passenger automobile which is involved in an accident, he/she will be primarily covered for bodily injury under our/my family automobile insurance policy, and I/We agree to submit any medical bills incurred to my/our insurance company for payment. I/We assume all responsibility for any deductible or self insured retention which is part of the terms of my/our motor vehicle insurance personal injury protection coverage.

Assumption of Risk/Release of Liability

I/We have determined that participation in this off school campus activity by my/our child/ward is important and is of value and benefit to my/child and ward. I/We understand that the coaching staff, activity sponsors, teachers and school officials will act reasonable to protect my/our child from injury, including the provision of appropriate safe equipment, facilities, and training designed to reduce the possibility of injury or death, and the safety of my/our child is of primary concern during all such off campus school activities. I/We understand that there will be incidental stops en-route to and from the activity when determined necessary or desirable. I/We have considered and know of and acknowledge, and our child/ward has been informed of the risks involved in said off campus activity, which risks include, but are not limited to, physical injury, disabling injury and death, and I/We choose to accept any and all responsibility for his/her safety and welfare while participating in said off campus activity. **With full understanding of the risks involved I/We release and hold harmless my/our child's/ward's school, the School Board of Clay County, Florida ("School Board") and all officers, employees, agents and representatives of the School Board and the school, and the host facility/venue from any and all responsibility and liability for any claim or cause of action for personal injury or death arising out of or resulting from my child's/ward's participation in this activity and agree to take no legal action on my/our behalf, or on behalf of the child/ward or the estate of the child/ward because of any injury, death or damage caused by any accident or mishap involving my child/ward while participating in this activity.**

Parent Acknowledgement of this Page _____

Student Acknowledgement of this Page _____

Consent to Medical Treatment/Certification of Physical Condition:

I/We authorize and consent to emergency medical treatment for my/our child/ward should the need arise for such treatment while my/our child/ward is under the supervision of the school or its employees, agents or representatives and I/We assume full responsibility for any cost or medical expense incurred for the rendition of said medical treatment. I/We hereby certify that my/our child/ward is healthy, and sufficiently physically fit and able to participate in this activity and that I/We know of no fact to the contrary which would limit his/her participation. If my/our child/ward has any physical condition which might limit his/her activity or cause my/our child/ward to become ill it is listed below. I/We agree to inform the appropriate school officials should my/our child's/ward's condition change in any way and at any time so as to affect his/her participation in the activity named herein.

As Parent/Guardian, I agree to all of the prior and following stated considerations and conditions.

_____ Parent/Guardian Signature	_____ Printed Name of Parent/Guardian	_____ Date
Home Address:		
_____ Student Signature	_____ Printed Name of Student	_____ Date
_____ #1 Emergency Contact Name	_____ #1 Emergency Phone	_____ Witness Signature- Can be another Parent. _____ Printed Witness Name- Can be another Parent.
_____ #2 Emergency Contact Name	_____ #2 Emergency Phone	

IMPORTANT: IF THE CHILD HAS ANY PHYSICAL CONDITION, LIST IT HERE.

This medical information is included to assist the Activity Director/Teacher in assuring your child's/ward's well being. Please list any known allergic reactions (bees, ants, medications, substances, foods, etc.). List any medical conditions such as, but not limited to, asthma, wheezing, heart disease, seizures, diabetes, muscular or skeletal problems or any other medical condition or problem which you would like to bring to the school's attention. Please feel free to call the school in advance of the activity date to discuss any concerns or specific health problems.

MEDICATION ADMINISTRATION	
<input type="checkbox"/> YES, my child will require prescribed medication to be administered during the field trip.	<input type="checkbox"/> NO, my child will NOT require prescribed medication to be administered during the field trip.
<p>If the student needs medication during the field trip, a PERMISSION FOR ADMINISTRATION OF MEDICATION form must be completed and brought to the school with the medication by the parent/guardian a minimum of two school days prior to the field trip date. A blank form may be obtained from the school's front office. If the Clinic provides the student daily, or as needed, medication, a CCDS employee will ensure the medication is provided/available while on the field trip, if a parent is not attending.</p>	