PARENT GUARDIAN FIELD TRIP
PERMISSION/EMERGENCY INFORMATION/INFORMED CONSENT FORM

School: _____

I hereby grant permission for _____ (Student) to participate in a field/trip activity to Locations per MBOP Schedule (Location) on as per MBOP Schedule (Date) and to make authorized or emergency stops as necessary. Time of Departure (Approx) TBD Time of Return (Approx) TBD

Students will be traveling in the following manner: Walking ☐ School Bus [x] Charter Bus [x] Rental Vehicle ☐ Other [x]

As the parent/guardian, I have read the field trip itinerary and details presented to me and understand that there are risks, including inherent risks, of physical injury or death associated with my child's participation in this field trip. I agree that my child will abide by all safety protocols in place for COVID-19 and other communicable diseases. I acknowledge and agree that this field trip is a school-sponsored, non-commercial, activity. To the fullest extent permitted by applicable law, I, as parent/guardian of the above named student, on my own behalf as parent and on behalf of my child, hereby release, hold harmless, and indemnify the School Board of Manatee County, Florida, its officers, employees and volunteer chaperones, from any and all liability for any and all claims I or my child may have arising from any act, omission, incident, accident, or injury suffered as a result of the above-named student's participation in this field trip, including, but not limited to, any injury or illness sustained as a result of consuming any food or beverage prepared by a commercial food service/outlet establishment. I also agree to immediately report to the School Principal any injuries or illness that the above-named student may have been sustained as a result of attending this field trip.

All provisions of the Code of Student Conduct apply to field trips and related activities. To ensure student safety and compliance with the Code of Student Conduct, I hereby irrevocably and unconditionally consent to the search of my child's luggage, belongings, and rooms by District personnel or chaperones at all times during this field trip, including all times of transit. I also acknowledge and agree that this field trip may be cancelled at any time within the sole discretion of School Board personnel, and that the School Board will not provide, and has no liability for, refunds or reimbursement in the event of a canceled field trip.

I authorize school representatives to obtain medical treatment for the above-named student, which includes required emergency transportation, in case of serious illness or injury and agree to pay for such treatment. I understand that the clinic staff usually dispenses medications at the school and are not typically present on field trips. Medications will instead be dispensed by a trained staff member. I agree it is my responsibility to provide to school administration information regarding any known allergies, medical conditions and/or required medications my child needs to take before, during and after the field trip. I have documented below all precautions/instructions regarding my child's medication. I have also noted any special health-related conditions or allergies regarding the above-named student.

Allergies: _____

Medical Conditions: _____

Medical Procedures/Medications: _____

Signature of Parent/Guardian	Home Phone	Work Phone	Cell Phone
Alternate Emergency Contact	Home Phone	Cell Phone	

Sworn to and subscribed before me on the _____ day of _____, 2022.

_____
Notary Public, My Commission Expires