



# Field Trip Activity Participation Form Medical and Liability Release

The undersigned \_\_\_\_\_ of \_\_\_\_\_  
(Parent/Legal Guardian) (Address)

Parent or Guardian of \_\_\_\_\_, a student in the Taylor County School District agrees that:

1. The above named student has my permission to participate in all educational fieldtrips during the \_\_\_\_\_ school year, as approved by the principal. I understand that I will be notified in writing in advance of the dates and locations of these field trips.
2. I agree to release the District School Board of Taylor County, Florida and its representatives from any claim for personal injury or damages resulting from my student's participation in educational field trip activities.
3. I understand the activity and give my permission to my child's participation.
4. I give permission for my child to travel by the means of school transportation.
5. In the event of emergency or medical need, I give permission for medical treatment. I release the following information about my child:
  - A. Physical problems or limitations \_\_\_\_\_
  - B. Current Medication \_\_\_\_\_
  - C. Drugs or other allergies \_\_\_\_\_
  - D. Name and phone # of physician \_\_\_\_\_
  - E. Name and phone # where I may be reached \_\_\_\_\_
6. The above named student is covered by medial/liability insurance \_\_\_\_\_
7. As the parent or legal guardian of the above named student, I am authorized to sign this permission form.

I HAVE READ AND UNDERSTAND THIS PERMISSION FORM AND UNDERSTAND THAT THE DISTRICT SCHOOL BOARD OF TAYLOR COUNTY IS RELEASED FROM LIABILITY AS A RESULT OF ANY INJURY OR DAMAGES FROM MY CHILD'S PARTICIPATION IN THE FIELD TRIP ACTIVITY. I ALSO UNDERSTAND THAT IN THE EVENT OF EMERGENCY OR MEDICAL NEED, I HAVE GIVEN MY PERMISSION TO HAVE MY CHILD RECEIVE MEDICAL TREATMENT BY THE BEST MEANS AVAILABLE.

\_\_\_\_\_  
(Parent or Guardian Signature)

\_\_\_\_\_  
(Date)

STATE OF FLORIDA  
COUNTY OF TAYLOR

The forgoing instrument was acknowledged and signed before me this

\_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_