

Charlotte County Public Schools, Florida

OFF-CAMPUS SECONDARY SCHOOL ACTIVITY

PARENTAL/GUARDIAN CONSENT FORM

SCHOOL: LEMON BAY HIGH

SCHOOL # 051

STUDENT INFORMATION, ACTIVITY/LOCATION AND METHOD OF TRANSPORTATION

I/We hereby grant permission for _____

Name of Student

To participate in an off-campus school activity:

_____ on _____

Activity(s) and Location

Date

And to make incidental stops enroute and return when determined to be necessary of desirable. I/We understand the method of transportation will be: School Bus _____ Private Vehicle _____

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 m 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 the deductible amount when I/we purchased the policy.

I/We on behalf of ourselves, our heirs, executors, successors, and, assigns, consent to medical treatment and assume full responsibility and liability for any and all expenses, damages, accident, illness, injury or medical expense of and to my/our child or our property resulting from such participation. I/We attest and affirm that the participant is physically fit and able to participate in the activity and I/We have not advised or informed anyone to the contrary. (SEE NOTE BELOW)

I/We further agree to inform the appropriate school official(s) should our child's physical condition change in any way and any time so as to affect his/her participation in the activity herein named.

Signature of Student/Date

Signature of Parent/Guardian/Date

Home Address

Home Telephone Number

Emergency Telephone Number

Teachers, if approved, please initial in the appropriate space. If not approved, write no. It is understood that the student is responsible for all work assignments in her/her classes.

Period	1	2	3	4	5	6	7
Course	_____	_____	_____	_____	_____	_____	_____
Teacher	_____	_____	_____	_____	_____	_____	_____

NOTE: If there is any physical condition to the contrary, describe in the medical information s pace provided below:

MEDICAL INFORMATION

This is very important! It is to assist the Activity/Teacher in assuring your child's well being. Please list any known allergic reactions (bees, ants, medications, etc.) Indicate any condition such as asthma, wheezing, heart disease, seizures, diabetes, muscular or skeletal problems, or any other medical condition you would like called to the schools' attention. Feel free to call the school in advance of the activity date to discuss specific health problems.

