

St. Johns County School District
Parent Permission Form for Field Study Activities

School: R.J. Murray Middle School

I/We, the parents/guardians of the student named below, have been informed of the activities planned for the field study to: (If visiting multiple locations, list all.)

_____ on _____ (DATE)
Time to Leave: 7:30 AM Return: 9:30 PM Anticipated Number of Chaperones 8

This field study includes a supervised water activity: Yes _____ No X

Charter Bus (BTM coach) at a cost of \$ \$155⁰⁰
(Mode of Transportation)

We understand in times of national emergency or any other time when it is in the best interest of the health, safety and welfare of students and employees, the School Board may revoke its approval assuming no liability for reimbursement of costs or expenses incurred by the cancellation of any activity.

I/We hereby grant permission and give my/our consent for my student to (1) be treated by any qualified nurse, physician, or surgeon as may be deemed necessary by the District, its agents, servants, or employees during the activity; (2) be administered medication and/or emergency first aid care as may be necessary or appropriate; and (3) receive treatment in hospitals, medical offices, or elsewhere in the event of accident or illness. To assist in that medical care or treatment, I/we represent that the medical information supplied on the Medical Information Form is true and accurate. The District, its agents, servants, or employees are not responsible for acts or omissions of third parties as a result of securing medical care. I/We will hold the District and its agents, servants, or employees harmless and indemnify them from any claim, cause of action or demand arising out of any form of or the lack of medical or emergency treatment rendered to my student.

In the event that a student must return to school independently for reasons of health, accident, failure to conform to rules established by the teacher in charge, etc., we agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses. This permission slip also serves as a contract that the student and parent(s) understand and agree to the guidelines from each teacher as to making up missed assignments.

My student requires medication and/or non-emergent medical attention: YES _____ NO _____

If yes, you must complete the Medical Information Form (obtained from the activity supervisor) and provide an Authorization to Assist in the Administration of Medication/Treatment form signed by both the parent/guardian and the physician ordering the medication, if not already on file in the school clinic.

Signature of Parent/Guardian Date

Cell Phone Work Phone Home Phone

Emergency contact if parent is unavailable _____ Phone _____

Family Physician _____ Phone _____

Health Insurance Provider _____ Policy# _____