



# Parent/Guardian Consent Form and Indemnity Agreement (Step 4)

In or a Surrounding County Field Trip  
(Duval, Baker, Bradford, Clay, Nassau, St. Johns or Union)

Teacher / Class / Group: \_\_\_\_\_

will be attending a field trip to \_\_\_\_\_

Departing on \_\_\_\_\_ at \_\_\_\_\_:\_\_\_\_am / pm  
(date) (time leaving school)

Returning on \_\_\_\_\_ at \_\_\_\_\_:\_\_\_\_am / pm  
(date) (estimated time back at school)

Lunch/Info/Instructions: \_\_\_\_\_

Mode of Transportation: \_\_\_\_\_ **Total Cost per Student: \$** \_\_\_\_\_

Total Volunteer Chaperones needed for field trip: \_\_\_\_\_ (= \_\_\_\_\_ Male + \_\_\_\_\_ Female) Cost per Chaperone: \$ \_\_\_\_\_  
(Not all trips require multiple-gender chaperones. "n/a" in parentheses () above indicates multiple-genders are not required or numbers indicate amounts needed.)

Payment Instructions: \_\_\_\_\_ **Return with payment no later than** \_\_\_\_\_ \*  
\*Refunds may not be issued after this date.

Other Information and/or Instructions:

Please Print:

(Parent/Guardian) \_\_\_\_\_, grant permission for (Student) \_\_\_\_\_  
to participate in the field trip as stated above for supervised activities, and agree to release and discharge the School Board of Duval County, Florida, its officers, agents and employees, exercising reasonable care within their scope of employment, from liability growing out of personal injuries and property damage resulting or occurring during the afore mentioned activities, or in transit to and from said activity. EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission for my child to receive medical treatment. In case of an emergency, please contact:

1<sup>st</sup> Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(print name)

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_ Home #: \_\_\_\_\_

2<sup>nd</sup> Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(print name)

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_ Home #: \_\_\_\_\_

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 student's teacher or the school's front office.

**As Parent or Guardian, I agree to all of the above stated considerations and conditions:**

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature required)

Person interested in serving as **Volunteer Chaperone** during this trip: \_\_\_\_\_ \*\*  
(print name)

Relationship to student: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

**\*\*Person interested in participating as a Volunteer Chaperone must be an "approved" volunteer with the District prior to the field trip date.**  
If he/she has not applied to be a volunteer within the last two years, he/she may do so via the internet at [www.duvalschools.org](http://www.duvalschools.org).



# Parental/Guardian Consent Form and Indemnity Agreement (Step 4A) Out-of-County Field Trip

Teacher / Class / Group: \_\_\_\_\_

will be attending a field trip to \_\_\_\_\_

Departing on \_\_\_\_\_ at \_\_\_\_\_:\_\_\_\_am / pm  
(date) (time leaving school)

Returning on \_\_\_\_\_ at \_\_\_\_\_:\_\_\_\_am / pm  
(date) (time back at school)

Lunch: **(drop down menu)** Other: \_\_\_\_\_

Mode of Transportation: \_\_\_\_\_ **Cost per Student: \$** \_\_\_\_\_ \*Refunds may not be issued after the date below.

Payment Instructions: \_\_\_\_\_ **Return form with payment no later than** \_\_\_\_\_ \*

\*Payments received after this date may not guarantee your child's participation in the field trip.

(Parent/Guardian Name) \_\_\_\_\_ grant permission for (Student Name) \_\_\_\_\_ to participate in the field trip as stated above for supervised activities, and agree to release and discharge the School Board of Duval County, Florida, its officers, agents and employees, exercising reasonable care within their scope of employment, from liability growing out of personal injuries and property damage resulting or occurring during the afore mentioned activities, or in transit to and from said activity. In the event of an emergency, I give permission for my child to receive medical treatment.

A "Medical Release Form" must be completed, signed, and taken on the field trip for each student during an out-of-county field trip. **Students who do not have a completed and signed Medical Release Form on the day of the field trip will not be able to attend the field trip and a refund may not be provided.**

If the student needs medication during the field trip, a *Permission for Administration of Medication* form must be completed and brought in by the parent/guardian (with the medication) a minimum of two school days prior to the field trip date. A blank form may be obtained from the Teacher or front office.

As Parent or Guardian, I agree to all of the above stated considerations and conditions:

**Parent/Guardian:** \_\_\_\_\_  
(Signature)

**Date:** \_\_\_\_\_

Cut here and keep bottom "Field Trip Reminder" portion.



### Field Trip Reminder



Student: \_\_\_\_\_

Approx. \_\_\_\_\_ Chaperone Volunteer(s) will be needed.

Teacher / Class / Group: \_\_\_\_\_

will be attending a field trip to \_\_\_\_\_

Departing on \_\_\_\_\_ at \_\_\_\_\_:\_\_\_\_am / pm

Returning on \_\_\_\_\_ at \_\_\_\_\_:\_\_\_\_am / pm Lunch:

**(drop down menu)** Other: \_\_\_\_\_

Mode of Transportation: \_\_\_\_\_ **Cost per Student: \$** \_\_\_\_\_ \*Refunds may not be issued after the date below.

Payment Instructions: \_\_\_\_\_ **Return form with payment no later than** \_\_\_\_\_ \*

\*Payments received after this date may not guarantee your child's participation in the field trip.

**Important:** A *Medical Release Form* is required for each student on out-of-county field trips. Also, if the student needs medication during the field trip, a *Permission for Administration of Medication* form must be completed and brought in by the parent/guardian (with the medication) a minimum of two school days prior to the field trip date. This blank form may be obtained from the school.