



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.