

THE SCHOOL DISTRICT OF MARTIN COUNTY, FLORIDA
STUDENT FIELD TRIP RELEASE
(primarily for overnight trips)

Name of Student _____ Parent/Guardian _____

School _____ Student ID# _____ Birth Date _____

Address _____

Home Phone _____ Work Phone _____ Place of Employment _____

Nature of Activity _____

Class/Program _____ Teacher _____

Date(s) of Field Trip _____

The undersigned Parent/Guardian of the above named Student:

1. Consents to the student participating in this field trip.
2. Understands and acknowledges that even with reasonable care and supervision on the part of all parties, injuries may result from the normal participation in the activities of this field trip and I understand and acknowledge that my child is assuming those risks by participating in this activity.
3. Waives any and all claims, actions, and demands against the Martin County School Board, and its respective agents and employees, for any damage, injury, loss, liability, or expense whatsoever sustained by the student as a result of the student participating in the activities of this field trip or travel incidental to such field trip.
4. Authorizes the School Board to transport the student and to obtain, through a physician of the School Board's choice, any emergency medical care that may become reasonably necessary for the student in the course of the activities of the field trip or travel incidental to such field trip; and agree that the expenses for such transportation and treatment shall not be borne by the School Board or its employees.
5. Acknowledges and represents that the student is in good health and physically able to participate in the activities of the field trip and has not had a past illness or injury that would prevent the student from participating in such activities, and further acknowledges and represents that the following special accommodations are the only ones needed: _____

I do _____ do not _____ carry hospitalization and medical insurance. Insurance company _____

Policy # _____ Plan # _____ Name of Insured _____

IN THE EVENT OF AN EMERGENCY WHEN A PARENT OR GUARDIAN CANNOT BE REACHED, CONTACT THE PERSON BELOW:

NAME _____ ADDRESS _____ PHONE _____

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

Witness

OR

STATE OF FLORIDA

Sworn to and subscribed before me this _____ day of _____

Print Name

SIGNATURE OF NOTARY PUBLIC-STATE OF FLORIDA

Witness

PRINT, TYPE OR STAMP COMMISSIONED NAME OF NOTARY

Print Name

PERSONALLY KNOWN _____ OR PRODUCED IDENTIFICATION _____

TYPE OF IDENTIFICATION PRODUCED _____