



LIBERTY COUNTY SCHOOL DISTRICT

KYLE PEDDIE, SUPERINTENDENT

Post Office Box 429 • 11051 NW SR 20 • Bristol, Florida 32321
Phone: (850) 643-2275 • Fax: (850) 643-2533 • www.lcsb.org

Off Campus Permission Form

I/We realize the educational benefits that may be gained by participation in these activities. Therefore, I/we as parent(s) and/or legal guardian(s) of:

Student Name _____ Date of Birth _____ Sex _____

give permission for my/our child to participate in these activities throughout the school year.

I/We acknowledge my/our child may experience discomfort or exposure to weather conditions while participating in these activities. It is my/our responsibility to dress my child appropriately for the activity, provide sunscreen if the activity is to be outdoors and take other appropriate precautions. Some recommendations are included in the Student Handbook.

I/We understand the rules contained in the Student Handbook and the Code of Conduct passed by the Liberty County School Board apply to off campus activities. Misbehaving students will be disciplined according to the procedures established by these rules.

Should first aid or emergency medical needs arise, such as cuts, scrapes, bruises, or lacerations, I/we consent to treatment necessary to prevent infection and promote healing. This could involve cleansing and administering antibiotics as well as x-rays and medications (generally preferable to leaving the condition untreated) and violent reactions to medications and drugs could occur. The following are the drugs and medications that disagree with my/our child or to which he/she is sensitive or allergic.

(NOTE: Leaving this designated space blank means "None")

Regarding major traumas or medical emergencies, I/we request the Liberty County School Board refer my child to the appropriate physician/facility for treatment in the event I/we cannot be reached at the following phone numbers:

Name _____ Telephone _____ (Home/Work/Cell)

Name _____ Telephone _____ (Home/Work/Cell)

Name _____ Telephone _____ (Home/Work/Cell)

Family Doctor _____ Telephone _____

Being fully aware of the hazards and possible consequences involving medical treatment, I/we, being competent to give consent to such treatment and/or referral, agree to hold harmless the Liberty County School Board and its employees from any claims, demands from any injury or complications which may result from such incident, injury or treatment. I/We will be responsible for any medical expenses that result from such treatment.

I/We understand the circumstances involved in my child's participation in field trips and off campus activities. I/We have read this Parental Permission Form, understand its contents, signed it of my/our choice, and so to benefit the best interests and education of my/our child.

Signature of Parent(s)/Legal Guardian(s) _____ Date _____

Street Address _____ City and State _____ Zip Code _____

Home Phone _____ Work Phone _____

District I
James E. Flowers

District II
Jodi Bailey

District III
Darrel "Doobie" Hayes

District IV
Jason Singletary

District V
Charles "Boo" Morris III