



**Field Trip Activity Participation Form
Medical and Liability Release**

The undersigned _____ of _____
Parent/Legal Guardian (Address)

Parent or Guardian of _____, a student in the Taylor County School District agrees that:

1. The above-named student has my permission to participate in all educational fieldtrips during the _____ school year, as approved by the principal. I understand that I will be notified in writing in advance of the dates and locations of these field trips.
2. I agree to release the District School Board of Taylor County, Florida and its representatives from any claim for personal injury or damages resulting from my student's participation in educational field trip activities.
3. I understand the activity and give my permission to my child's participation.
4. I give permission for my child to travel by the means of school transportation.
5. In the event of emergency or medical need, I give permission for medical treatment. I release the following information about my child:
 - a. Physical problems or limitations _____
 - b. Current medication _____
 - c. Drugs or other allergies _____
 - d. Name and phone # of physician _____
 - e. Name and phone # where I may be reached _____
6. The above-named student is covered by medical/liability insurance _____
7. As the parent or legal guardian of the above-named student, I am authorized to sign this permission form.

I HAVE READ AND UNDERSTAND THIS PERMISSION FORM AND UNDERSTAND THAT THE DISTRICT SCHOOL BOARD OF TAYLOR COUNTY IS RELEASED FROM LIABILITY OF ANY INJURY OR DAMAGES FROM MY CHILD'S PARTICIPATION IN THE FIELD TRIP ACTIVITY. I ALSO UNDERSTAND THAT IN THE EVENT OF AN EMERGENCY OR MEDICAL NEED, I HAVE GIVEN MY PERMISSION TO HAVE MY CHILD RECEIVE MEDICAL TREATMENT BY THE BEST MEANS AVAILABLE.

(Parent or Guardian Signature)

(Date)

STATE OF FLORIDA
COUNTY OF TAYLOR

The forgoing instrument was acknowledged and signed before me this

_____ day of _____

Notary Public

My Commission expires _____