SCHOOL BOARD OF BREVARD COUNTY, FLORIDA
Parent Permission and Responsibility Statement for Off-Campus Activity

Eau Gallie High School (School Name) **Wednesday, February 14, 2008** (Date)

(Student's Name (Print legibly)) **Biology Honors/ Integrated Science II** (Grade/Class)

Activity/Event

Field Trip: Study biodiversity of Florida ecosystems & taxonomy

At

Sea World Orlando
Address or Location of Event

On **Wednesday, May 7, 2008** (Date(s) of Event) **Mrs. King Science Teacher** (Teacher/Sponsor in Charge)

Method of Transportation

Travel Lynx Bus

Conditions:
1. When transportation is not provided by the school, the parent or guardian and student are responsible for transportation to and from the off-campus activity and are responsible for the student's actions while he/she is enroute to and from the site.
2. The parent or guardian and student understand that the school district, its officers, agents or employees are not responsible for the student during the time he/she is traveling to or from the off-campus activity, unless the school is providing transportation.
3. The parent or guardian and student will assume the liability of the student's participation in the off-campus activity.
4. Parent or guardian permission for the student to participate in the above activity(ies) may be withdrawn by written notification to the principal or by a change in the student's schedule approved by the principal or designee.
5. It is the intent of the parent or guardian and the student to make up work for classes which will be missed in connection with the student's participation in this activity.

Does your child have any special allergies or health problems or is on any special medication of which we should be aware?

Please advise:

Medical Emergencies:
I/We authorize the teacher or chaperone in charge of the field trip to seek medical treatment for my child.
I/We have read and understand the information above and accept the designated responsibilities.
Permission for the student named above to participate in the off-campus activity is: __ granted __ denied

Student's Signature Date **Parent/Guardian Signature** (Required for all) Date

Parents should direct questions concerning the activity to the School Office _____
or the following contact school personnel:

1. Name Kristin B. King Teacher
   Telephone: Home _____
   School (321) 242-6400 x 371

2. Name Tom Armstrong Assist. Principal
   Telephone: Home _____
   School (321) 242-6400 x 370

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