

**SEMINOLE COUNTY PUBLIC SCHOOLS, FLORIDA**

School Sponsored Activity Parental Authorization

Pursuant to Rule 6A-10.089 (5), F.A.C., Seminole County Public Schools requires parental authorization prior to students participating in school sponsored events and activities. Each student participating in the event or activity listed below must have this form completed and submitted prior to participating.

**Description of the Event/Activity:** 8<sup>th</sup> Grade trip to Universal/Islands of Adventure Gradventure Event

**Location:** Universal/Islands of Adventure Theme Park

**Date:** May 3<sup>rd</sup>, 2024

**Departure:** 3:30 PM

**Return:** 1:00 AM

**Adult(s) in charge:** Chaperones (assigned by administrator); Lauren McDonald (Assistant Principal)

**Guests:** 8<sup>th</sup> grade LCMS students and their chaperones

**Student Supervision:** All chaperones will be with students at all times. Chaperones will have up to ten students in their groups.

**RETURN THIS COMPLETED FORM to the FRONT OFFICE or  
STUDENT SERVICES by February 23<sup>rd</sup>, 2024**

**SEMINOLE COUNTY PUBLIC SCHOOLS, FLORIDA**  
**RELEASE AND CONSENT**

*THIS FORM MUST BE READ AND SIGNED BY A PARENT/LEGAL GUARDIAN OF EVERY PARTICIPANT*

STUDENT'S NAME \_\_\_\_\_  
Last First MI

I/We do hereby approve of my/our child attending the 8<sup>th</sup> Grade Gradventure Field Trip. I/We acknowledge that Seminole County Public Schools, Florida is not liable for medical expenses, hospital expenses, or other such charges incurred for such services as may be rendered for or on behalf of my/our child as a result of injury or sickness. I/We understand that if my/our child is injured or becomes sick, Seminole County Public Schools, Florida will not be liable unless the injury or illness is the result of negligent conduct on the part of an employee of Seminole County Public Schools, Florida.

Child's Allergies: \_\_\_\_\_

<u>PHYSICIAN INFORMATION</u>	
Child's Physician:	_____
Address of Physician:	_____ Telephone #: _____
<u>MEDICAL INSURANCE INFORMATION</u>	
Medical Insurance Co.:	_____
Address:	_____ Telephone #: _____
Policy #:	_____ Group #: _____

Parent/  
Guardian  
initials in  
box

**Media Release:** For value received and without further consideration by initialing the preceding box, I hereby consent that all photographs and/or video images taken of my child and/or recordings made of my child's voice and/or written extraction, in whole or in part, or may be used by Seminole County Schools and/or others with the consent of Seminole County Public Schools for the purpose of illustration, advertising or publication in any manner.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Telephone Numbers: \_\_\_\_\_ work \_\_\_\_\_ home

Emergency Telephone Number: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Students are expected to follow all school and county rules, including those in the Seminole County Student Code of Conduct.

**RETURN THIS COMPLETED FORM to the FRONT OFFICE or**  
**STUDENT SERVICES by February 23<sup>rd</sup>, 2024**