

PARENT PERMISSION AND RESPONSIBILITY STATEMENT FOR OFF-CAMPUS ACTIVITY

Viera HS School Name

September 28, 2023 Date

Student's Name

Grade/Class

Activity/Event: UF Information Session

List activity(ies) in detail or attach an outline that details all activities occurring during the trip.

ON September 28, 2023 Date(s) of Event

Ms. Wells-Booth Teacher/Sponsor in Charge

TRANSPORTATION BEING PROVIDED (check all that apply)

- Walking, School Bus, Commercial Carrier (bus), Privately Owned Vehicle, Leased Vehicle, County Vehicle, None, Other

DRIVERS OF PRIVATE OR LEASED VEHICLES (check all that apply)

- Student (other than self), Parent or Volunteer, Teacher or Staff Member, Other

TYPE OF ACTIVITY (Check all that apply)

- Field Trip To Viera HS Auditorium, On Campus Activity

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

1. Name Ms. Wells-Booth Telephone: 321-632-1770 ext 28051

ALL THE ABOVE TO BE COMPLETED BY THE SCHOOL PARENTAL AUTHORIZATION AND ACKNOWLEDGEMENT OF RISKS

- 1. I understand that participation in this activity is voluntary... 2. When the school does not provide transportation... 3. The parent or guardian and student understand that the school district... 4. The parent or guardian, and student will assume the liability... 5. Parent or guardian permission for the student to participate... 6. I understand that my child will be involved in activities off school property... 7. In the event of medical emergency, I/we authorize the teacher or chaperone...

Some field trips may include or have the potential for participation in swimming or other water based activities. Risks and dangers in water may arise from foreseeable or unforeseeable causes. Your signature signifies permission for your child to participate in these activities when supervised by a sponsor(s) and that you will indemnify/hold the School Board of Brevard County harmless for any accident or injury; and hereby assume all risks and dangers and all responsibility for any injury, loss, and/or damage that may occur while your child is engaged in the water related activity (ies).

I/We have read and understand the information above and accept the designated responsibilities. I hereby grant participation in all aspects of this trip.

Granted Denied Granted with the following exceptions: (Describe)

Students Signature - Date Parent/Guardian Signature- Date