

SCHOOL BOARD OF BREVARD COUNTY, FLORIDA
Freedom 7 Elementary School of International Studies
PARENT PERMISSION AND RESPONSIBILITY FOR OFF-CAMPUS ACTIVITIES

Event: Before School Mileage Club **Location:** Mileage Club Track/ P.E. Field
Date: Thursdays and Fridays **Time:** 8:10am – 8:45am

Sponsor(s) in charge: _____
Conditions: PARENT VOLUNTEERS

1. 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 participating in the activity.
2. The parent or guardian and student will assume the liability of the student's participation in the activity.
3. Parent or guardian permission for the student to participate in the above activity (ies) may be withdrawn by written notification to the principal.
4. Parent or guardian understands that this is an extra-curricular activity, sponsored by parent volunteers.
5. Students should not arrive prior to 8:10 am and should not be dropped off at club unless parent volunteer(s) are present.
6. Student participants agree to abide by the same behavioral standards during mileage club as they do during the school day and understand that failure to do so will result in referral to the Principal for appropriate disciplinary action.
7. Students are not permitted to participate in mileage club when it is raining. Club may be cancelled as a result with no notice. On inclement weather days, do not drop your child off without verifying that club is still taking place. In the event of rain after club has already begun, students will be taken to the cafeteria until classes begin at 8:45.

The student will need the following: Appropriate school uniform and water; sunscreen and bug spray at parent or guardian's discretion.

Cost: None.

IMPORTANT: ONE SEPARATE PERMISSION SLIP PER EACH STUDENT REQUIRED.

Please cut along the dotted line and return the bottom section.

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I authorize the teacher or chaperone in charge of the activity to seek medical treatment for my child.
WE HAVE READ AND UNDERSTAND THE ABOVE AND BY OUR SIGNATURES BELOW, ACCEPT THE DESIGNATED RESPONSIBILITIES AND GIVE THE NAMED STUDENT PERMISSION TO PARTICIPATE IN THE DESIGNATED OFF-CAMPUS ACTIVITY (IES).

Student's Signature Student's Printed Name Date

Parent's Signature Parent's Printed Name Date

Does your child have any special allergies or health problems or is on any special medications of which we should be aware? Please advise: _____

Do you want your child released from mileage club for 8:30 breakfast? _____ Yes _____ No

Emergency Phone Numbers: _____ Name: _____

Name: _____

Email (Required): _____

Permission is: _____ **granted** _____ **denied**