



**The School District of Lee County
FIELD TRIP PARENT PERMISSION FORM**

Student's Name:	School: Ida S. Baker High School
Date(s) of the Field Trip: Friday May 9th - Sunday May 11th	Teacher/Sponsor: Mr. Julian Grubb
Destination of the Field Trip: Walt Disney World Parks/Imagination Campus	
Departure Time: 5:00pm, Friday 5/9	Return Time: 11:45pm, Sunday 5/11

Purpose of the Field Trip:
Participation in two Disney Imagination Campus Workshops

During this field trip students will be exposed to the sun. Parent's/ guardians should insure that sunscreen is applied before students leave home.

Room assignments for overnight lodging are separated by biological sex at birth. In compliance with law, individual accommodations/modifications may be made on a case-by-case basis. (FLDOE 6A-10.085)

The mode of transportation for this trip is: Lee County School Busses	The anticipated number of chaperones for this trip is: 7
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- **School Rules-** All school rules apply while students are on a field trip. Should your child choose to break a rule, you may be contacted to pick him/her up immediately. All field trips shall be tobacco and drug free.
- **Homework/Classwork-** Students are responsible for requesting any homework and/or classroom assignments they miss while on a field trip and for making-up/completing the work.
- **Appropriate Dress-** Students and chaperones are expected to dress according to the type of field trip planned. Appropriate dress for this field trip is: **This should match that of the student dress code requirement**

Information Below Should be Completed by the Parent/Guardian.

Please sign and date the form and return to your child's teacher/sponsor by:

Special Needs (check one):

My child has a medical condition and/or medication of which the school will be aware, which I have explained by **completing and signing the other side of this form (see reverse)**.

My child has **NO** special needs for this trip.

In case of an emergency during the field trip, the teacher/sponsor can reach me at (print telephone number and name of the person to be called):

Whenever the Superintendent or Principal determines that there are dangerous conditions which may affect the health, safety, and welfare of those traveling on any field trip, the Superintendent or Principal may withdraw approval for the trip. Prior to departure on a field trip the teacher/supervisor will make himself/herself aware of and follow any travel advisories. The District will assume no liability for reimbursement of costs or expenses incurred by the cancellation of any trip.

As the parent or legal guardian of the student listed above, I give him/her permission to participate in this field trip, including related travel. I hereby grant permission for the supervising teacher to act "in loco parentis" (in place of the parent) in the event of any medical emergency and I accept full responsibility for all medical costs in the event of such as medical emergency.

I do hereby release and hold harmless the School District of Lee County and all of its employees from any liability or injury to my child's person or property incurred during the course of the field trip which is not the direct result of willful action or culpable negligence by the School District or its employees.

Parent/Guardian Signature:

Date:



**The School District of Lee County
Health Services
Field Trip Medical Information**

Student's Name:	Date of Birth:
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Insurance/Medical Plan and ID #:

Primary Doctor's Name and Phone Number:

Allergies:

Health Concerns:

Medication (prescription and over the counter):

Will your child need medication or a procedure during the field trip? Please circle one: YES NO

- **If yes, please contact your child's school nurse.** Parents/Guardians are responsible for obtaining and completing the required consent forms, including a physician's signature, at least 2 weeks prior to the field trip for the school nurse to train appropriate staff. All medication and procedures will be administered or performed by the field trip supervisor or staff member trained by the school nurse. The field trip supervisor or trained staff member will contact the parent/guardian directly, or emergency contact if necessary, for any questions or concerns that may arise before or after school hours, during the field trip. **It is the parent/guardian's responsibility to be available by phone during the field trip.**
- Medication must be in the original container. Prescription medication must have a current pharmacy label. Only the amount of medication required for the field trip should be provided. The school nurse will need to check the medication prior to the field trip along with the completed orders. Please **DO NOT** send medication with your child.
- **Students are not permitted to have medication in their possession at any time, unless a self-carry order is already on file.** If orders are received via fax, then the school nurse will contact the parent/guardian to arrange a time to check the medication.
- The field trip supervisor or staff member will activate emergency services if needed and contact the parent/guardian. Parent/guardian will be responsible for all associated costs.

By signing below, I have read and agree to the above requirements related to medication administration and procedures during a field trip.

Parent/Guardian's Signature: _____ Date: _____

Parent/Guardian's Name (printed): _____

Parent/Guardian's Phone Number(s): _____

Emergency Contact's Name: _____

Emergency Contact's Phone Number(s): _____

Revised 4.28.20



NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF Ida S. Baker High School (school name), ITS AGENTS AND EMPLOYEES USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED.

BY SIGNING THIS FORM, YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM Ida S. Baker High School (school name) ITS AGENT AND EMPLOYEES IN A LAWSUIT FROM ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY.

YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM AND Ida S. Baker High School (school name) HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.
Section 744.301, Florida Statute

I do hereby release and hold harmless the School District of Lee County and all of its employees from any liability or injury to my child's person or property incurred during the course of this field trip which is not the direct result of willful action or culpable negligence by the School District or its employees.

Parent/Guardian Signature

Date