

SCHOOL DISTRICT OF OKALOOSA COUNTY  
RISK MANAGEMENT DEPARTMENT  
ON/OFF CAMPUS SCHOOL ACTIVITY

**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 OKALOOSA COUNTY SCHOOL DISTRICT, ITS SCHOOL BOARD, ITS EMPLOYEES, AGENTS OR ASSIGNS USES 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 OKALOOSA COUNTY SCHOOL DISTRICT, ITS SCHOOL BOARD, ITS EMPLOYEES, AGENTS OR ASSIGNS IN A LAWSUIT FOR 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 OKALOOSA COUNTY SCHOOL DISTRICT, ITS EMPLOYEES, AGENTS OR ASSIGNS HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

All Students participating in off-campus school sponsored activities shall have the "ON/Off-Campus School Activity" form completed and signed by a parent or guardian. This form shall accompany the sponsor(s) to the off-campus activity(s) and should be completed as follows:

- A. ☐ **Student activities in-county/off-campus:** Parent or guardian shall complete the parent permission portion of the form for each activity. The form is not required to be notarized for in-county on/off-campus activities.
- B. ☐ **Student activities requiring off-campus/out-of-county travel:** Parent or guardian shall complete the form in its entirety and have the form notarized for each activity, unless the form has previously been under the multiple off-campus activities guidelines.
- C. ☐ **Student Activities requiring multiple off-campus/out-of-county travel:** Parent or guardian shall complete the form in its entirety and have the form notarized. Completion of the form may be used for all related activities (example: band trips scheduled for the school year).
- D. ☐ **Student Water Related Activities requiring off-campus/out-of-county travel:** Parent or guardian shall complete the form in its entirety and have the form notarized for each activity, unless the form has previously been under the multiple off-campus activities guidelines.

**PARENT/GUARDIAN COMPLETE FOR A, B, C, D**

Your son/daughter is eligible to participate in a school-sponsored activity requiring transportation to a location away from the school building.

This activity will take place under the guidance and supervision of employees from

\_\_\_\_\_ School.

Name of Event: \_\_\_\_\_ Destination: \_\_\_\_\_

SCHOOL DISTRICT OF OKALOOSA COUNTY  
RISK MANAGEMENT DEPARTMENT  
ON/OFF CAMPUS SCHOOL ACTIVITY

Designated Supervisor of Activity: \_\_\_\_\_

Date and Time of Departure: \_\_\_\_\_ Date and Anticipated Time of Return: \_\_\_\_\_

Student Cost: \_\_\_\_\_ Method of Transportation: \_\_\_\_\_

If you would like your child to participate in this school activity, please complete, sign, and return the following statement of consent by \_\_\_\_\_ (date). As parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named student.

**PART I – PARENTAL/GUARDIAN PERMISSION, ACKNOWLEDGEMENT AND RELEASE**

I, \_\_\_\_\_ hereby grant permission for \_\_\_\_\_ to participate in the school activity and I know of, and acknowledge that my child/ward knows of, the risks involved in the school activity participation, understand that serious injury, and even death, is possible in such participation and choose to accept any and all responsibility for his/her safety and welfare while participating in the school activity. With full understanding of the risks involved, I release and hold harmless my child's/ward's school, and Okaloosa County School District, its School Board, its officers, employees, agents or assigns, of any and all responsibility and liability for any injury or claim resulting from such participation and agree to take no legal action against the Okaloosa County School District, its School Board, its officers, employees, agents or assigns, because of any accident or mishap involving the participation of my child/ward.

If your child requires medication to be administered during this activity, please complete the following information:

List any medications needed during this activity \_\_\_\_\_. Parents must supply all medications in their original prescription container. List all allergies of Student \_\_\_\_\_. If any medications are listed, parent or guardian must speak with the designated employee prior to the activity. Both must sign below. If this is not completely filled out, your child will not be allowed to participate in this activity.

Parent/Guardian \_\_\_\_\_ Employee \_\_\_\_\_

I hereby consent to participate by my child \_\_\_\_\_, in the event described above. I understand this event will take place away from school grounds and my child will be under the supervision of the designated school employee on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation and required information on medications.

\_\_\_\_\_  
Please print or type name                      Date                      Signature

**PART II - PARENT/GUARDIAN PERMISSION FOR EMERGENCY TREATMENT**

On rare occasions an emergency requiring hospitalization, surgery, and /or other medical treatment develops. The designated supervisor of this activity will attempt to contact the parent/guardian prior to emergency treatment consent. In some state/countries, students under 21 years might not be administered an anesthetic or operated upon without the written consent of the parent/guardian; therefore, we request the parent/guardian sign the following statement. This is to prevent a dangerous delay if an emergency does occur and we are unable to contact the parents.

\*In the event of injury and/or illness to our son/daughter/ward, \_\_\_\_\_,

DOB \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip code \_\_\_\_\_

SCHOOL DISTRICT OF OKALOOSA COUNTY  
RISK MANAGEMENT DEPARTMENT  
ON/OFF CAMPUS ACTIVITY

Health Insurance Plan and Plan Number

We hereby authorize an Okaloosa County School District principal and/or designee who is employed on the Student's District school campus to obtain and give consent to whatsoever medical treatment the representative deems necessary, including the administration of an anesthetic and surgery, and do hereby release the Okaloosa County School District, its School Board and the representative or from any and all claims which may arise from the representative's obtaining and consenting to said medical treatment.

\_\_\_\_\_  
Please print or type name                      Date                      Signature

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

**I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE (Only one parent/guardian signature is required)**

\_\_\_\_\_  
Name of Parent/Guardian (printed)                      Signature of Parent/Guardian                      Date                      /                      /

\_\_\_\_\_  
Name of Parent/Guardian (printed)                      Signature of Parent/Guardian                      Date                      /                      /

**NOTARY REQUIRED FOR "B" "C" "D"**

**STATE OF FLORIDA COUNTY OF OKALOOSA**

The foregoing instrument was acknowledged before me \_\_\_\_\_ by \_\_\_\_\_  
Date                      Name of Person Acknowledged

who is personally known to me or has produced \_\_\_\_\_  
as identification and who did/did not take an oath.                      Type of Identification

\_\_\_\_\_  
Signature of person Taking Acknowledgment                      Name of Acknowledger Typed, Printed or Stamped

**TO BE COMPLETED AT THE OPTION OF THE SCHOOL FOR SECONDARY STUDENTS**

Students Name: \_\_\_\_\_ Date: \_\_\_\_\_  
I request to be released from the following classes to go to \_\_\_\_\_

GOOD STANDING		TO BE COMPLETED BY THE TEACHERS		
		ABSENCE APPROVED		
YES	NO	PERIOD	YES	NO
		1.		
		2.		
		3.		
		4.		
		5.		
		6.		
		7.		

To be submitted to the sponsor in charge of this off-campus activity.