

**PARENT GUARDIAN FIELD TRIP
PERMISSION/EMERGENCY INFORMATION/INFORMED CONSENT FORM**

School: Dr. Mona Jain Middle School

I (We) hereby grant permission for _____ DOB: _____
Student's First and Last Name – please print legibly *Date of Birth*

To participate in a field trip/activity to: **Universal Studios** on **May 6th, 2022**
Orlando, FL

Activities: **GradAdventure- Theme Park**

Time of Departure (apx.): **2:00** PM Time of Return (apx.): **2:00** AM Cost – **\$150**

Students will be traveling in the following manner: **Charter Bus**

Meal Ticket is included in the cost.

Teacher Name: Steven Zickafoose and Alexis Rivard

As the parent/guardian I have read the field trip itinerary and details presented to me and understand that there are risks of physical injury associated with participation in these activities. On behalf of the above-named student, I (we) release, hold harmless and indemnify the School Board of Manatee County, its officers, employees and volunteer chaperones, from liability for any claim or injury suffered as a result of the above-named student's participation in this field trip, including, but not limited to, any injury or illness sustained as a result of consuming any food or beverage prepared by a commercial food service/outlet establishment. I also agree to immediately report to the School Principal any injuries or illness that the above-named student may have been sustained as a result of attending this field trip.

All provisions of the student code of conduct apply to field trips and activities. To ensure student safety and compliance with the student code, I agree that my child's luggage, belongings and rooms (where applicable) may be randomly searched for contraband. I also understand that the school will not be responsible for refunds in the event of a canceled field trip due to any unforeseen circumstances.

I authorize school representatives to obtain medical treatment for the above-named student, which includes required emergency transportation, in case of serious illness or injury and agree to pay for such treatment. I understand that the clinic staff usually dispenses medications at the school and are not typically present on field trips. A trained staff member will instead dispense medications. I agree it is my responsibility to provide to school administration information regarding any known allergies, medical conditions and/or required medications my child needs to take before, during and after the field trip. I have documented below all precautions/instructions regarding my child's medication. I have also noted any special health-related conditions or allergies regarding the above-named student.

****It is understood that the student will behave in a manner as expected at school and if student does not remain in good standing, the student may be removed from the trip.**

Allergies: _____

Medical Conditions: _____

Medical Procedures/Medications: _____

I would be interested in sponsoring a student. I have included additional funds Call, if more is needed

Signature of Parent/Guardian: _____ Date: _____

Printed Name of Parent/Guardian: _____

Home Phone: (_____) _____ Cell: (_____) _____ Work: (_____) _____

Alternative Emergency Contact (*Please Print*): _____

Home Phone: (_____) _____ Cell: (_____) _____ Work: (_____) _____