

OVERNIGHT
 OUT-OF-STATE
 OFF CAMPUS

LAKE COUNTY SCHOOLS
FIELD TRIP/SCHOOL ACTIVITY
PARENT CONSENT/LIABILITY WAIVER/MEDICAL RELEASE

Student _____ School LEESBURG HIGH SCHOOL
Club/Group/Class LHS BAND Supervising Faculty Member Lucas James, Taylor Brownsberger et all
Activity ALL LHS BAND EVENTS Location VARIES
Date & Time of Departure LHS BAND EVENTS 22-23 Date & Time of Return PLEASE SEE LHS BAND CALENDAR FOR DETAILS

Method of Transportation: School Bus Charter Bus Private Car Leased Car Walking Other

MEDICAL INFORMATION

Does your child have any of the following conditions?

Epilepsy/Seizures	<input type="checkbox"/> Yes <input type="checkbox"/> No	Motion Sickness	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any Medication	<input type="checkbox"/> Yes <input type="checkbox"/> No	Asthma/Wheezing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Heart Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
Muscular/Skeletal Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hemophilia/Bleeding Disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Is there any other condition which might possibly require treatment and/or medication during the trip? Yes, No. If Yes, you must complete and attach the Administration of Non-Prescription Medication Consent Form and/or the Administration of Prescription Medication Consent Form.

PARENT CONSENT / LIABILITY WAIVER / MEDICAL RELEASE

I/We hereby give permission for my child to accompany employees of the LCSB, acting as chaperones, to ALL LHS Band Events for the days indicated above. I/We will not hold the LCSB nor their agents or employees accompanying the group responsible for any accident or injury to my child/ward.
In the event my child/ward causes any property damage or personal injury, whether individually or in concert with other persons or entities, I/We agree to indemnify and hold harmless the LCSB, its agents and employees.
I/We have read the information in regards to this trip. I/We are aware of guidelines of said trip and the number of chaperones which will accompany our child/ward.
I/We hereby grant to the attending physician or his consulting physicians, to render the my/our child/ward any emergency treatment, medical or surgical care that might be deemed necessary to the health and well-being of said child/ward. Also, when necessary for the administering of such care, I/We grant permission for hospitalization at an accredited hospital
I/We assume full responsibility and liability for any and all expenses, damage, accident, illness, injury or medical expense of and to my/our child/ward or my/our property resulting from such participation. I/We attest and affirm that the participant has no limitation that should prevent participation in the activity and I/We have not been advised or informed by anyone to the contrary.
I/We further agree to inform the appropriate school official(s) should my/our child/ward's physical condition change in any way and any time so as to affect his/her participation in the activity herein named.
I/We further relieve and release said LCSB from any liability in its failure to carry insurance upon my/our said child/ward.

Our/My child/ward has medical insurance Yes, No If yes, you must complete and attach a copy of proof of insurance to this form.

Insurance Co. _____ Policy # _____

Home Phone _____ Work Phone _____ Cell Phone _____ Emergency Phone _____

Parent/Guardian Name (Print) _____ Parent/Guardian Name (Signature) _____ Date _____ Home Address / City/ Zip _____

THIS SECTION MUST BE COMPLETED BY PARENT/GUARDIAN ONLY IF CHARD/WARD IS GOING OUT-OF-STATE OR OVERNIGHT!

(SIGN IN PRESENCE OF A NOTARY)

Parent/Guardian Signature _____
NOTARY STATEMENT STATE OF FLORIDA, COUNTY OF LAKE

On _____ before me personally appeared _____, personally know to me or proved to me on basis of satisfactory evidence to be the person whose name is subscribed to the instrument and acknowledged to me that he/she executed the same in his/her authorized capacity and that by his/her signature on the instrument, the person or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal _____

One copy must be retained by the administration and a duplicate copy must accompany the sponsor when leaving school property with students.
75 F004 01/15/10 NEW Submitted by Risk Management