

The Villages® Charter School

- ON CAMPUS
- OVERNIGHT
- OFF CAMPUS

ON OR OFF-CAMPUS SCHOOL ACTIVITY PARENT CONSENT/LIABILITY WAIVER/MEDICAL RELEASE

Student: _____ School: **VCES – 4th & 5th Grade Center**

Supervising Faculty Member: **Mrs. Flowers, Ms. McCranie, Mrs. Russell & Mrs. Vlasto**

Club/Group/Class: **4th Grade Students** Activity: **Field Trip** Location: **St. Augustine, Florida**

Date & Time of Departure: **Fri. Dec. 15, 2017 - 5:45 AM** Date & Time of Return: **Fri. Dec. 15, 2017 – 6:30 PM**

Method of transportation: School Bus Charter Bus Private Car School Vehicle Other _____
 Parent will be responsible for getting student to and from said activity

PARENT CONSENT/LIABILITY WAIVER/MEDICAL RELEASE

- I/We hereby give permission for my child to accompany employees, agents and parents of the Villages Charter School, acting as chaperones, to the field trip listed above for the days indicated above. I/We agree to release and hold harmless the Villages Charter School, their agents, employees and parents accompanying the group, from any responsibility for any accident or injury to my child that occurs while on the field trip listed above for the days indicated above.
- I/We understand that under present law, if my/our child is riding in a private passenger automobile that is involved in an accident, he/she will be primarily covered for bodily injury under my/our family automobile policy, and I/we agree to submit any medical bills incurred to my/our insurance company for payment.
- I/We further agree to indemnify and hold harmless, The Villages Charter School of Sumter, Florida, its agents or employees, for any property damages or personal injury caused by my child whether individually or in concert with any other person or entity. Payment for any damages that occur will be solely the responsibility of the involved child and their parents or legal guardians.
- I/We have read all the information in regards to this trip. I am aware of guidelines of said trip and the number of chaperones which will accompany my child.”
- I/We hereby grant permission to the attending physician or his consulting physicians, to render to my son/daughter any emergency treatment, medical or surgical care that might be deemed necessary to the health and well-being of said child. Also, when necessary from the administering of such care, I 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 or 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 that the appropriate school official(s) should my/our child’s physical condition change in any way and any time so as to affect his/her participation in the activity herein named..

My Student has medical insurance: ____ Yes ____ No Insurance Co: _____ Policy #: _____

Home Telephone # Work Telephone # Pager / Cell Telephone # **Emergency Telephone #**

Parent Signature / Date Home Address / City / Zip

THIS BOX MUST BE COMPLETED BY PARENT ONLY IF STUDENT IS GOING OVER 100 MILES FROM CAMPUS OR OVERNIGHT!

(must be signed and dated in the presence of a notary) _____

Parent/Guardian Signature Date

NOTARY STATEMENT: STATE OF FLORIDA, COUNTY OF _____

On the _____ of _____, 20____, before me personally appeared _____, personally known to me or proved to me on the 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: _____ [seal]