

SCHOOL BOARD OF BREVARD COUNTY  
**STUDENT MEDICAL RELEASE FORM FOR OUT-OF-COUNTY OR OVERNIGHT TRAVEL**

School Year 2011-2012

Name of Student (Please print) \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Parent's Work Phone \_\_\_\_\_ Other Emergency Phone \_\_\_\_\_

This agreement to travel and participate in activities or events sponsored by the Brevard County schools is entirely voluntary on our part and is made with the understanding that we have not violated any of the eligibility rules and regulations of State Association or the Brevard County Junior High/Middle School Activities Association. It is also agreed that we will abide by all the rules set down by the School Board of Brevard County, the State Association, and the school. The School Board of Brevard County, its school principals, and its teachers desire that students and parent(s) or guardian(s) of students have a thorough understanding of the implications involved in a student's participating in a voluntary extracurricular activity. For this reason, it is required that each student in the Brevard County schools and his/her parent(s) or guardian(s) read, understand, and sign this agreement prior to the student's being allowed to participate in any out-of-county or overnight school trips.

1. I/We, the undersigned, as parent(s) or guardian(s), give my/our consent for the student identified herein to participate in activities as a representative of his/her school.
2. I/We will not hold the School Board of Brevard County, its officers, agents, employees, or anyone acting in its behalf, or the Florida High School Activities Association responsible or liable for injury occurring to the named student in the course of such activities or such travel, not due to its negligence.
3. I/We understand that all school officials will complete required accident insurance forms, after which all claims under insurance policy, or policies, for injuries received while participating in school events, shall be processed by the student, his/her parent(s), or guardian(s) through the company agent handling the student's insurance policy and not through the school officials.
4. I/We hereby accept financial responsibility for equipment or instruments lost by the student identified herein.
5. I/We authorize the school to transport and to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student in the course of such activities or such travel. I/We also agree that the expenses for such transportation and treatment shall not be borne by the school district or its employees.
6. I/We accept full responsibility and hereby grant permission for my/our son/daughter to travel on any school related trip by bus or car. This statement remains in effect until the end of this school year unless cancelled by me/us in writing to the school.

\_\_\_\_\_  
Student's Signature \_\_\_\_\_ Mother's or Guardian's Signature \_\_\_\_\_

\_\_\_\_\_  
Date \_\_\_\_\_ Father's or Guardian's Signature \_\_\_\_\_

(OFFICIAL SEAL)  
State of Florida, County of \_\_\_\_\_ Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ by

\_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Signature of Notary Public \_\_\_\_\_ Typed, Printed, or Stamped Name of Notary \_\_\_\_\_

\_\_\_\_\_  
My Commission Expires \_\_\_\_\_ Notary Public Commission Number \_\_\_\_\_