Date of Field Trip <u>5/04/19</u>   Teacher <u>LOLHS Administration</u>

In consideration of _____having been accepted by the
                              Student Name – Please Print   Date of Birth

principal, teacher(s) or other personnel of _____<u>LOLHS</u>_____School of the District School

Board of Pasco County to go on a school sponsored trip (Prom) to <u>The Bryan Glazer Family JCC</u>. I, the undersigned, understand that my child is being transported by a privately owned vehicle, and hereby release the District School Board of Pasco County, the individual members of said Board, the Superintendent, the principal, teachers or other employees of the school, and volunteer leaders from any financial responsibility because of sickness of the student while going to, returning from, or attending said field trip or because of any accident in which the student is injured. To ensure prompt attention in case of sickness or accident, I hereby authorize the person(s) in charge of said trip to incur expense considered necessary for treatment, and I agree to pay for same if this is in excess of the amount paid by any accident or health insurance policy that may be in effect at the time of the sickness or accident.

In any situation in which the safety and security of students might be compromised (i.e., Red Alert Status issued by the Department of Homeland Security, severe weather conditions, etc.) the District School Board of Pasco County will take the necessary steps to ensure the safety of its students and staff, including the cancellation of scheduled field trips and school events. Should this trip or event be cancelled as a result of such an event, the District cannot guarantee any monies (including deposits) will be refunded by the vendor(s) associated with this transaction.   Therefore, students, parents, guardians, etc., are hereby cautioned and advised that the District will not be liable for any reimbursements associated with this event that are not refunded by the vendor(s) and returned to the District.

_____   _____
Name of Parent or Guardian – Please Print   Date

_____   _____   _____
Signature of Parent or Guardian   Home Phone   Cell Phone   Business Phone

_____   _____   _____
Street, Rural Route, or P.O. Box   City   State   Zip Code

_____   _____   _____
Name of Additional Emergency Contact   Relationship to Student   Phone

DISTRIBUTION: White – return to the school; Parent- make a copy for your records