



**DISTRICT SCHOOL BOARD OF PASCO COUNTY
PARENT RELEASE**

MIS Form #166
Rev. 01/18

TRANSPORTATION BY:

School Bus/Van ___ Private ___ Vehicle ___ Walking ___ Charter Bus X PCPT ___

Date of Field Trip 4/13/2024

Sponsor Mrs Sabrina S. Hydes

In consideration of _____
Student Name - Please Print Date of Birth _____ having been accepted by the

principal, teacher(s) or other personnel of Land O' Lakes High School of the District School Board of Pasco County to go on a school sponsored trip to Universal Studios Orlando, and I, the undersigned, understand that my child, if transported by a privately owned vehicle, charter bus, school bus or walking, 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 (e.g., 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.

I have documented below all precautions/instructions regarding my child's medication. I have noted any special health related conditions or allergies regarding my child. I understand that the trained school employee who usually dispenses medication may or may not be present during the trip. Medications will be dispensed by a trained school employee (in accordance with Board Policy 5330).

Please list any medication(s) your child is currently taking (at home or school): (Dosages/Times)

Allergies: _____ Additional Health Concerns: _____

Name of Parent or Guardian - Please Print

Date

Signature of Parent or Guardian

Primary Phone

Alternate Phone

Business Phone

Street, Rural Route, or P.O. Box

City

State

Zip Code

Name of Additional Emergency Contact / Relationship to Student

Phone

Land O' Lakes High School

Student Behavior Agreement for Overnight Trips

Student Name: _____

Date of Birth: _____

Student ID Number: _____

Date of Field Trip: 4/13/24

As a student participating in an overnight field trip, I agree to conduct myself in accordance with the District School Board of Pasco County *Student Code of Conduct* and all School Board policies.

Specific to this overnight field trip are the following requirements:

1. Students must stay within the established limitations of the trip sponsor.
2. Students must cooperate with and follow the guidelines of the trip sponsor, chaperones, and/or tour guides.
3. Students are prohibited from possessing or using alcohol, tobacco, drugs, toxic vapors, or weapons of any type.
4. Proper attire is expected. The trip sponsor has the final decision-making authority.
5. Profanity and obscene language and gestures are prohibited.
6. Bullying, hazing, and initiation activities are prohibited.
7. Students will abide by all "buddy" or group assignments, and must stay within permitted areas.
8. Students are permitted to gather only in the hotel lobby, restaurants, or other common recreational areas, and never in rooms of the opposite sex. The sponsor or chaperone can administer additional restrictions.
9. No lewd behavior or public display of affection.
10. Students are to meet curfew and remain in his/her assigned room for the remainder of the night. The student is to call his/her chaperone or the trip sponsor if there is an issue that needs immediate attention.
11. Property vandalism and theft from the hotel, stores, or other locations is prohibited. Additionally, the student/parent will be expected to pay full restitution if property is vandalized or taken.
12. Punctuality is required. It is the student's responsibility to follow the itinerary and times for activities.
13. Students will help load, unload, and set up any equipment.

Failure to comply with the *Code of Conduct* and/or field trip expectations may lead to the following consequences and/or combination of consequences:

1. The student being assigned to a chaperone for the remainder of the trip.
2. The student being restricted to the hotel and forfeiting the ability to participate in all remaining activities.
3. A required meeting with a parent/guardian, the student, the trip sponsor, and principal's designee upon return to consider consequences, including possible suspension or expulsion.
4. The student being sent home at his/her expense. Because appropriate arrangements must be made for adult supervision during the student's trip home, this may include the cost for an adult to travel with the student.
5. The loss of all costs associated with the field trip. No refunds will be made.

Additional expectations specific to this field trip may be attached to this form. They also require understanding and compliance by both the student and parent/guardian.

Student Signature Date

Parent/Guardian Signature Date Phone Number