

ST. LUCIE PUBLIC SCHOOLS
MEDICAL RELEASE FORM FOR OUT-OF-COUNTY OR OVERNIGHT TRAVEL
FOR BAND, CHEERLEADING AND OTHER NON-ATHLETIC EVENTS

School Year _____

Name of Student (Please print) _____

Address _____

Home Phone _____ Date of Birth _____ Place of Birth _____

Parent's work phone _____ Other Emergency Phone _____

This application to travel and participate in activities or events sponsored by St. Lucie Public 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 St. Lucie Public Schools. It is also agreed that we will abide by all the rules set down by the School Board of St. Lucie County, and the school.

The School Board of St. Lucie County, and its school principals and teachers, desire that students and parents or guardians of students have a thorough understanding of the implications involved in a student participating in a voluntary extracurricular activity. For this reason it is required that each student in the St. Lucie County schools, his/her parent, parents, or guardian, read, understand, and sign this agreement prior to the student being allowed to participate in any out-of-county or overnight school trip.

1. I/We, the undersigned, as parent, parents, or guardian, give my/our consent for the student identified herein to participate in this activity as a representative of his/her school.
2. I/We, will not hold the School Board of St. Lucie County, anyone acting in its behalf, or the Florida High School Athletics Association responsible or liable for any injury occurring to the named student in the course of such activities or such travel.
3. I/We understand that 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, parents, or guardian, through the company agent handling the student's insurance policy, and 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 or 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 son/daughter to travel on any approved school related trip. This statement remains in effect until the end of this school year unless canceled by me in writing to the school.

-----**Acknowledgment of Parent/Guardian Signature**-----

Print Parent/Guardian Name _____ Date _____

Sign Parent/Guardian Name (In presence of Notary) _____

STATE OF FLORIDA
COUNTY OF ST. LUCIE

The foregoing instrument was acknowledged before me this ____ day of _____, _____, by _____ He/She is ___ personally known to me, or ___ has produced _____ as identification, and ___ did ___ did not take an oath.

(Notary Seal) My Commission Expires _____

Notary Public State of Florida _____

Print Notary Name _____