

**LAKE COUNTY SCHOOLS**  
**FIELD TRIP/SCHOOL ACTIVITY**  
**PARENT CONSENT/LIABILITY WAIVER/MEDICAL RELEASE**

OVERNIGHT  
 OUT-OF-STATE  
 OFF CAMPUS

Student \_\_\_\_\_ School \_\_\_\_\_  
 Club/Group/Class \_\_\_\_\_ Supervising Faculty Member \_\_\_\_\_  
 Activity \_\_\_\_\_ Location \_\_\_\_\_  
 Date & Time of Departure \_\_\_\_\_ Date & Time of Return \_\_\_\_\_  
 Method of Transportation :  School Bus  Charter Bus  Private Car  Leased Vehicle  Walking  Other

**MEDICAL INFORMATION**

Does your child have any of the following conditions?

Epilepsy/Seizures  Yes  No      Motion Sickness  Yes  No      Diabetes  Yes  No  
 Any Medication  Yes  No      Asthma/Wheezing  Yes  No      Heart Disease  Yes  No  
 Muscular/Skeletal Problems  Yes  No      Hemophilia/Bleeding Disorders  Yes  No      Allergies: \_\_\_\_\_

Is there any other condition which might possibly require treatment and/or medication during the trip? Yes  No  If yes, you must complete and attach the Administration of Non-Prescription Medication Consent Form and/or the Administration of Prescription Medication Consent Form.

**PARENT CONSENT / LIABILITY WAIVER / MEDICAL RELEASE**

I/We hereby give permission for my child to accompany employees of the LCSB, acting as chaperones, to \_\_\_\_\_ for the days indicated above. I/We will not hold the LCSB nor their agents or employees accompanying the group responsible for any accident or injury to my child/ward.

In the event my child/ward causes any property damage or personal injury, whether individually or in concert with other persons or entities, I/we agree to indemnify and hold harmless the LCSB, its agents and employees.

I/We have read all the information in regards to this trip. I/we are aware of guidelines of said trip and the number of chaperones which will accompany my/our child/ward.

I/We hereby grant permission to the attending physician or his consulting physicians, to render to my/our child/ward any emergency treatment, medical or surgical care that might be deemed necessary to the health and well-being of said child/ward. Also, when necessary for the administering of such care, I/we 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/ward or my/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 the appropriate school official(s) should my/our child/ward's physical condition change in any way and any time so as to affect his/her participation in the activity herein named.

I/We further relieve and release said LCSB from any liability in its failure to carry insurance upon my/our said child/ward.

Our/My child/ward has medical insurance  Yes  No If yes, you must complete and attach a copy of proof of insurance to this form.  
 Insurance Co \_\_\_\_\_ Policy # \_\_\_\_\_

Home Phone Work Phone Cell Phone Emergency Phone \_\_\_\_\_

Parent/Guardian Name (Please Print) Parent/Guardian Name (Signature) Date Home Address / City / Zip \_\_\_\_\_

**THIS SECTION MUST BE COMPLETED BY PARENT/GUARDIAN ONLY IF CHILD/WARD IS GOING OUT-OF-STATE OR OVERNIGHT!**

\_\_\_\_\_  
 (SIGN IN PRESENCE OF A NOTARY)

Parent/Guardian Signature

NOTARY STATEMENT STATE OF FLORIDA, COUNTY OF LAKE

On \_\_\_\_\_ 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 \_\_\_\_\_

One copy must be retained by the administration and a duplicate copy must accompany the sponsor when leaving school property with student