



# Sarasota Military Academy

## OFF CAMPUS CLASS PERMISSION SLIP

This form must be filled out completely and have approval signature before it is distributed to cadets. The **Emergency Medical/Treatment Field Trip Consent Form** must be on file at the school before cadets will be allowed to participate in this activity. The form **must** accompany this sheet with the classroom teacher/ coach on the trip.

\_\_\_\_\_ Head of School signature of approval

Teacher: \_\_\_\_\_ Class: JROTC

Destination: GILLESPIE PARK

Occurrences: 1<sup>st</sup> Quarter      2<sup>nd</sup> Quarter      3<sup>rd</sup> Quarter      4<sup>th</sup> Quarter

(Circle all that apply)    Mondays    Tuesdays    Wednesdays    Thursdays    Fridays

Class Period: \_\_\_\_\_ Means of Transportation: Marching

Other: \_\_\_\_\_

### OFF CAMPUS CLASS PERMISSION

I \_\_\_\_\_ (parent/guardian) give my permission for \_\_\_\_\_ (cadet's name) to participate in the off campus class on the above mentioned dates. Phone number where I can be reached: \_\_\_\_\_

I realize that any activity that takes place away from the controlled environment of the school setting may present a higher risk of injury to my child. I also understand that this activity may be cancelled due to changing state, national or international conditions. I assume responsibility for any personal financial loss related to such a cancellation. In consideration for permitting my child to participate in the off campus class, I release the Sarasota Military Academy, its employees, and agents from all claims, judgments, costs, or other expenses including attorneys' fees, resulting in any way from participation in the above mentioned.

\_\_\_\_\_

\_\_\_\_\_

Signature of Parent / Guardian

Date