

MACLAY SCHOOL PERMISSION FORM

3737 N. Meridian Road
Tallahassee, FL 32312
850/893-6545

As part of the sophomore academy career exploration curriculum, we will be attending the Worlds of Work™ career fair at Tallahassee Community College & Lively Technical College on Thursday, October 19, 2023. This event is organized by Leon County to help expose students to an abundance of career opportunities. We will depart at 1:30 PM and return at 3:00. The event runs until 6:00, please feel free to meet us there to pick up your child and continue the experience. Transportation will be provided via bus from Maclay School.

CHAPERONES ARE: Shana McComb, Angela Croston, Ismael Milligan, Joseph McCann, Kristin Kline, Cindy Stockstill, Tim Fitzpatrick, Allyson Freeland

I the undersigned (or by parent or guardian, if I am a minor) acknowledge that the above chaperons and Maclay School are not responsible for events outside their control (including, without limitation, acts of God, strikes, riots, sickness) or for acts of any person or entity not controlled by the above mentioned persons or institution. I hereby release the above named parties and institution from all claims of any nature arising out of such events or acts. I further release the above parties and institution from liability for loss or damage to baggage.

I also grant permission for necessary treatment of conditions arising during participation in these activities, including medical or surgical treatment recommended by a physician. I understand that reasonable effort will be made to contact me prior to treatment; however, if for any reason I cannot be reached, I authorize any of the above named chaperons to act on my behalf.

I understand that the above parties and institution have full authority to terminate my participation on this trip and in case of my failure to comply with their rules, standards and instructions, I may be sent home at my expense. I will at all times remain under the supervision of the chaperones. I will assume all financial liability or obligation which I personally incur and will also indemnify anyone whom I injure or whose property I damage or cause to be damaged while on this trip.

SIGNATURE OF STUDENT: _____

Address and phone number at which parent or guardian may be reached in case of emergency.

Address: _____

Phone: _____

INSURANCE CO.

Name of company and policy no. _____

Please list any special medication needed by this student. Also any medical alerts such as allergies to medication, etc.

I certify that I am the parent or legal guardian of the above student, that I have read the above agreement and release and agree fully to be bound thereby.

PARENT/GUARDIAN _____