



**VOLUSIA COUNTY SCHOOLS
FIELD TRIP PARENT PERMISSION FORM
SECONDARY**

Complete the form in its entirety. It should be on file at the school/site at least five days prior to departure.

My son/daughter _____ has permission to participate in

Grad Bash - (legal name) on Friday, April 9, 2027 (date(s))
from 2 A.M./P.M. to 5 A.M./P.M. at Universal Studios - Orlando, FL (address)

Cost to student is \$ 200.00

☐ My child will purchase lunch (Peanut Butter and Jelly Sandwich, Carrot Sticks, Fresh Fruit, and Milk) from the cafeteria.

I understand that my son/daughter will travel by:

☐ Activity bus ☐ District-owned vehicle ☐ School bus ☐ Private carrier/vehicle
☒ Commercial carrier - name of carrier Jim Coach

Signature of Sponsor _____

Date 8-21-2026

Signature of Principal _____

Date 8/25/26

PARENT INFORMATION

I realize that the teacher in charge will exercise precaution for the safety of students involved in this event, and I agree to assume full responsibility for any unforeseen accident which might occur during travel or while participating in this program. I further assure that my son/daughter has been instructed to comply with the regulations of the school, teachers, sponsors, and/or chaperones who are in charge of the activity.

Note: Should the field trip be canceled for security reasons, students and their parents/guardians will incur the financial expense beyond what can be reimbursed. Should it become necessary to send my son/daughter home early from this field trip due to inappropriate behavior, I realize that I will incur the financial responsibility of this action.

Parent/Guardian Signature _____

Date _____

Home Phone Number _____

Emergency Phone Number _____

STUDENT INFORMATION

I realize that it is my responsibility to determine what school work is missed and to complete it outside of regular class time and within the time guidelines set by the teacher. I understand that the Code of Student Conduct shall be applicable for the duration of all field trips.

Student Signature _____

Date _____

Home Address _____

Teacher, this form is to be completed and in the appropriate office prior to leaving for the field trip. This field trip has been approved by the principal and/or school board. The student has the right to complete, within the teacher's time schedule, any class work missed, without penalty, due to this field trip.

Block/period	Teacher's signature	Block/period	Teacher's signature	Block/period	Teacher's signature



**VOLUSIA COUNTY SCHOOLS
SCHOOL-RELATED ACTIVITIES LIABILITY/MEDICAL WAIVER**

Name of Student _____ Emergency Phone Numbers _____
 Name of School _____ Current School Year _____
 Date of Birth _____ Place of Birth _____

For high school students only – I voluntarily choose to participate in one or more school-related activities during the current school year. The School-Related Activities Agreement for the above school is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the school and Florida High School Athletics Association (FHSA).

Student's Signature _____

Date _____

PARENT/GUARDIAN INFORMATION

RELEASE WAIVER OF LIABILITY – I, the undersigned parent/guardian, give permission for the above-named student to participate in any school-related activities. I hereby release, waive, discharge and covenant not to sue the School Board of Volusia County, its directors, officers, agents and employees all for the purpose hereby referenced as "releases," for all liability to the above-named student and/or undersigned, for any and all loss, injury, damage, and any actions, claims, demands, damages, costs or expenses therefore, which the above-named student or I may have against releases arising out of, or in any way connected with, the above-named student's participation in any school-related activity. The insurance company that covers any medical expenses related to injuries sustained as a result of the above-named student's participation in any school-related activity follows.

Medical Insurance Company Name _____ Policy # _____

SPECIAL HEALTH CARE INFORMATION (allergies, medications, treatments, etc.)

Parent/Guardian Signature _____

Date _____