FIELD STUDY PERMISSION/RELEASE FORM

SECTION 1 – FIELD STUDY INFORMATION

SCHOOL: Bell Creek Academy GRADE: MS TEACHER: Grapentine
FIELD STUDY & DESTINATION: BCA Cafeteria DATE OF FIELD STUDY/ACTIVITY: 11/13/26
PURPOSE OF FIELD STUDY/ACTIVITY: "Fall" into the beat MS dance - includes drink, pizza, fun!
COST OF FIELD STUDY/ACTIVITY: $15 *Paid through MSB, cash is not accepted. Outstanding balance(s) such as lunch, Edventure etc. are due prior to the field study/activity.*
~~TIME~~ OF ~~DEPARTURE~~: Start 6pm ~~RETURN~~ TIME (APPROX): End 8pm OVERNIGHT STAY: ____ YES X NO
RETURN THIS FORM TO STUDENT'S TEACHER BY: Day of the Dance NUMBER OF CHAPERONES: 5
*If this **Field Study Permission/Release Form** is not returned, your child will not be permitted to attend/ participate. This form must be signed by the parent(s)/legal guardian(s) and student, if over 18 years of age. Both parents should sign if feasible.*
METHOD OF TRAVEL: N/A *Students must ride to and from the field study/activity on transportation approved by the school.*

- Attach any additional pages, if needed, including any relevant provisions in the student's IEP or 504 Plan.
- The Principal may cancel a planned activity or use of a particular item based upon collection of insufficient funds to cover the cost of the item or activity. Anyadministrative decision to remove your child from the list of participants, for disciplinary reasons, may result in loss of deposit and/or entire balance.
- When applicable, each person transporting the students in a private vehicle must show proof of current automobile liability insurance to the school. Volunteer drivers are required to carry minimum insurance requirements as specified by FL Statute 627.736 and complete the School Volunteer Form
- Room Assignments are by gender assigned at birth.

SECTION 2 – PARENT/LEGAL GUARDIAN APPROVAL

STUDENT NAME: *Last:*_____, *First:*_____ *Middle Initial:*_____
PHONE NUMBER:_____ CELL PHONE: _____
ARE YOU INTERESTED IN CHAPERONING THIS TRIP: _____YES _____NO *Teacher will notify parent/guardian if selected as chaperon.*
CHAPERON FEE:_____ ***Fees are not reimbursable.*** *Due upon receipt of invoice through MSB. Chaperons must ride to and from the field study/activity on transportation provided by school.*
MSB PAYMENT CONFIRMATION #:_____ *Late payments will not be accepted.*
PHYSICIANS NAME:_____ PHONE:_____ INSURANCE COMPANY & POLICY#_____
_____: I do not have insurance however, I will cover any and all medical bills for emergency care.
OTHER STUDENT INFORMATION:_____
Allergies, medications, etc. please be specific.

EMERGENCY CONTACT INFORMATION

CONTACT NAME:_____ PHONE:_____
CONTACT NAME:_____ PHONE:_____
Person to contact if above person cannot be reached.

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE SCHOOL, ALONG WITH ITS OFFICERS, DIRECTORS, BOARD MEMBERS, SUPERVISORS, AGENTS, MANAGEMENT, SERVANTS, OR EMPLOYEES, USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE SCHOOL, ALONG WITH ITS OFFICERS, DIRECTORS, BOARD MEMBERS, SUPERVISORS, AGENTS, MANAGEMENT, SERVANTS, OR EMPLOYEES, IN A