



**DISTRICT SCHOOL BOARD OF PASCO COUNTY
PARENT RELEASE**

MIS Form #166
Rev. 5/15

TRANSPORTATION BY:

School Bus/Van ___ Private Vehicle ___ Walking ___ Charter Bus ___

Date of Field Trip _____ Sponsor _____

In consideration of _____ having been accepted by the
Student Name - Please Print Date of Birth

principal, teacher(s) or other personnel of _____ School of the District School
Board of Pasco County to go on a school sponsored trip to _____,

and I, the undersigned, understand that my child, if transported by a privately owned vehicle, charter bus, school bus or walking, hereby release the District School Board of Pasco County, the individual members of said Board, the Superintendent, the principal, teachers or other employees of the school, and volunteer leaders from any financial responsibility because of sickness of the student while going to, returning from, or attending said field trip or because of any accident in which the student is injured. To ensure prompt attention in case of sickness or accident, I hereby authorize the person(s) in charge of said trip to incur expense considered necessary for treatment, and I agree to pay for same if this is in excess of the amount paid by any accident or health insurance policy that may be in effect at the time of the sickness or accident.

In any situation in which the safety and security of students might be compromised (i.e., Red Alert Status issued by the Department of Homeland Security, severe weather conditions, etc.) the District School Board of Pasco County will take the necessary steps to ensure the safety of its students and staff, including the cancellation of scheduled field trips and school events. Should this trip or event be cancelled as a result of such an event, the District cannot guarantee any monies (including deposits) will be refunded by the vendor(s) associated with this transaction. Therefore, students, parents, guardians, etc., are hereby cautioned and advised that the District will not be liable for any reimbursements associated with this event that are not refunded by the vendor(s) and returned to the District.

If your child may need to take medication while on this field trip, please list the name of medication(s), dose, and time(s) to be given (in accordance with Board Policy 5330) _____

Name of Parent or Guardian – Please Print

Date

Signature of Parent or Guardian

Primary Phone

Alternate Phone

Business Phone

Street, Rural Route, or P.O. Box

City

State

Zip Code

Name of Additional Emergency Contact / Relationship to Student

Phone