ST. JOHNS COUNTY SCHOOL DISTRICT PARENT PERMISSION FORM FOR FIELD STUDY ACTIVITIES

School:								
I/We, the parents/guardians	of the studen	t named below, un	derstand the n	nature of the	activity being pla	nned to	:	
				on				
				on (DATE)				
Time: Leave:R	Return:	This field stud	dy includes a s	supervised w	vater activity: Yes		No	
					at a cost of \$	S		
(MODE OF TRANSPORT	ATION)							
We acknowledge our student is of national emergency or any the School Board may revoke of any activity.	other time wh	en it is in the best i	nterest of the h	ealth, safety	and welfare of stud	dents an	d employees	
I/We hereby grant permission a may be deemed necessary by t emergency first aid care as may event of accident or illness. T Medical Information Form and responsible for acts or omission or employees harmless and ind or emergency treatment render	he district, its a y be necessary to assist in that of the School of third partiemnify them for the district of the second of th	agents, servants, or or appropriate; and or medical care or tree I Health Card is true ies as a result of section any claim, cause	employees duri- (3) receive treat eatment, I/we re and accurate a uring medical ca	ng the activit tment in hosp epresent that The district, i are. I/We will	y; (2) be administer itals, medical office the medical inform ts agents, servants, I hold the district ar	red medies, or else ation super or emple of its age	cation and/o ewhere in the pplied on the oyees are no ents, servants	
In the event that a student must the teacher in charge, etc., we incidental expenses. This perm from each teacher as to making	agree to accep nission slip also	ot full responsibility o serves as a contrac	for and to pay	for the cost of	of medical care, tra	nsportati	ion and othe	
My student, by his/her signatur	e hereto, fully a	agrees and consents	to the foregoing	g with permiss	sion to participate in	the liste	ed field study	
Student's Name (Print):		_ _						
Signature of Student				Dat	re			
My student requires medication	n and/or medic	al attention: YES	NO					
If yes, you must complete the personnel trained to administer			ned from the a	ectivity superv	visor) and provide	the medi	ication to the	
Signature of Parent/Guardian				Dat	Date			
Cell Phone		Work Phone		Hor	me Phone			
Emergency contact, if parent unavailable				Pho	Phone			
Family Physician				Phone				
Health Insurance Provider				Doi	liev#			