FIELD TRIP AUTHORIZATION

Instructions: In-county field trips/school bus requisitions require principal approval only. All other field trips/school bus requisitions require principal and executive director approval. In addition, any trip involving students' out-of-state/country travel also requires School Board approval and should include release forms, insurance coverage, and other data supplied by the company assisting with the arrangements. Provide the information requested below and submit this completed form with appropriate attachments for approval adherence to the advance notification time prior to departure date noted after field trip below. Refer to School Board Policy 4.43.

Check One ☐ In-county ☐ Out-of-county (4 wks) ☑ Out-of-state (8 wks) ☐ Out-of-county (12 wks)

School: Riverview High School  Destination: Atlanta, Georgia  Omni Hotel at CNN Center

Purpose: National TSA Competition and Convention

Departing from RHS Date: 6-22-18 FRI Time: 6:00 am

Returning from Atlanta Date: 6-26-18 TUES Time: 10:00 pm

Grade/Class/Sport: RHS Technology Student Association

Person-in-charge: Deborah P. Berman  Phone:

Method of transportation: ☐ School bus (Attach School Bus Trip Requisition (011-85-TRN)) ☐ Charter bus

☐ Airline  ☑ Other (Explain) Mini-van rental

NOTE: If other than a Sarasota County school bus is being used, attach certificate of insurance from carrier or Statement of Insurance on Private Vehicles form (065-96-FIN). See School Board Policy 8.96.

Meal arrangements: Student must arrange for own meals

Lodging arrangements: Omni Hotel at CNN Center

Number of female students: 5  Number of male students: 4  Total: 9

Number of female chaperones: 1  Number of male chaperones: 1  Total: 2

Names of chaperones: Deborah Berman, Dennis Costa

Cost per student: $300.00  Contact person if financial assistance is needed: Deborah Berman

It is understood that permission slips and Emergency Medical/Treatment Consent For Field Trips And/Or Other After School Activities (063-96-DIS) forms will be obtained from parents prior to the field trip.

Funding Source: ☑ Individual  ☑ Fundraiser  ☐ PTO/PTA  ☐ Internal funds

☐ Other (Explain)

Verification of student medical insurance was completed for out-of-county/overnight travel? ☑ Yes  ☐ No

Principal Name (Print): Kathy Wilks  ☑ Approved  ☐ Denied

Principal Signature:  Date: 3/19/18

Executive Director Name (Print): Steve Canters  ☑ Approved  ☐ Denied

Executive Director Signature:  Date: 3/19/18

Out-of-state/country field trip was School Board approved on (Board meeting date):

RET:  Master, FY, GS1-SL 340

Dupl., OSA  070-90-DIS

Rev. 2-17-2017  Page 1 of 2
FIELD TRIP AUTHORIZATION

Instructions: Provide the following information for all field trips.

1. Explain the direct instructional connection with instructional program. Include any potential risks or hazards (e.g. water activity).

   The National TSA Conference and Competition provides hands-on training that will develop the leadership and teamwork skills. The Conference also features state and national competitions and detailed events for students to gain experience in many technology fields. TSA is the CTSA aligned with Applied Engineering and Robotics programs.

2. Describe how students are being selected to participate with assurances of equal access for all students, regardless of economic level.

   Other valuable workshops include Chapter Officer Training as well as Leadership training for non-officer students. This event allows students to interact and compete with students from around the nation in many levels of engineering events all while teaching students skills for leadership roles both inside and out of the TSA program.

3. Describe how students will be supervised once they arrive.

   Chaperone's will be accessible throughout the event. There will be a 5:1 ratio and all students will be in contact by phone to both Chaperones. Students will share rooms with 4 students to 1 room. Chaperones will assist students with individual schedule of events.

4. Should an emergency arise, how will communication and transportation be handled?

   Chaperones will be Dennis Costa and Debbie Berman. There may be additional parents as well. All emergencies will be handled quickly and efficiently and relayed to administration in a timely manner.
THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA
1960 LANDINGS BOULEVARD, SARASOTA, FL 34231
PHONE (941) 927-9000

FIELD TRIP PERMISSION

Instructions: Complete and return this form to the school. It must be returned to the school before student will be allowed to participate in this activity. The Emergency Medical/Treatment Consent for Field Trips and/or Other After School Activities form must also be on file at the school before your student will be allowed to participate in this activity. A copy of that form shall accompany this sheet with the classroom teacher/coach or interscholastic activity sponsor. A detailed itinerary is attached if the field trip extends beyond the school day.

School: Riverview High School

Kathy Wilks
Principal Name (Print)

Date: 3/19/18
Principal Signature

FIELD TRIP INFORMATION

Purpose: National TSA Competition and Convention

Destination: Atlanta, Georgia Omni Hotel at CNN Center

Time/Date of departure: 6am 06/22/2018

Time/Date of return: 10pm 06/26/2018

Leaving from: RHS
Returning to: RHS

Means of transportation: 2 mini-van rentals

Meal arrangements: Student must arrange for own meals

Cost to students: $300.00

If financial assistance is needed, contact Deborah P. Berman

FIELD TRIP PERMISSION

I, ____________________________, give my permission

Parent/Guardian Name (Print)

for _________________________, DOB ____________________________

Student Name (Print)

to National TSA Conference Atlanta, Georgia (destination) on 06/22-26/2018 (date).

The phone number where I can be reached during this field trip is ____________________________

I realize that any activity that takes place away from the controlled environment of the school setting may present a higher risk of injury to my child. I also understand that this activity may be cancelled due to changing state, national, or international conditions. I assume responsibility for any personal financial loss related to such a cancellation. In consideration for permitting my child to participate in this field trip, I release The School Board of Sarasota County, Florida, its employees, and agents from all claims, judgments, costs, or other expenses, including attorneys’ fees, resulting in any way from participation in the field trip described above.

Parent/Guardian Signature __________________________________________ Date ____________

RET: Master, ESY, GST 37
Dupl., GSA

071-90-DIS
Rev. 2-17-2017
THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA
1980 LANDINGS BOULEVARD, SARASOTA, FL 34231
PHONE (941) 927-9000

EMERGENCY MEDICAL/TREATMENT CONSENT FOR FIELD TRIPS
AND/OR OTHER AFTER SCHOOL ACTIVITIES

Instructions: Return completed form to your child's school. If you have questions pertaining to this form, contact your child's school.

Date __________________________

Student Name __________________________
Last First Middle

Home Address __________________________
Street City Zip

Parent/Guardian Name (Print) __________________________
Relationship __________________________

Address of above (if different) __________________________
Street City Zip

Home Phone __________________________
Work Phone __________________________
Cell Phone __________________________

List a person other than the parent or guardian who could be contacted in case of emergency below:

Emergency Contact Name (Print) __________________________
Phone __________________________

Is above student allergic to foods, medications, or insects? ☐ Yes ☐ No

If Yes, list what they are and emergency medication/treatment, if any:

________________________________________________________________________

Does the above student have any chronic medical problems (such as asthma, diabetes, seizures)? ☐ Yes ☐ No

If Yes, list and describe medical requirements for field trip:

________________________________________________________________________

Does the above student take any daily medication(s)? ☐ Yes ☐ No

If Yes, complete the medication treatment authorization form (if not previously on file in the school Health Room) and list the medication(s) and time to be administered:

________________________________________________________________________

Family Physician Name (Print) __________________________
Physician Phone __________________________

In case of non-life threatening emergency, list hospital preference __________________________

In case of serious illness or injury where immediate care is needed, the school or its representative has my permission to contact the appropriate medical service. The emergency medical service has my consent to provide necessary treatment or transportation for my child. I then request that I be notified of the situation. The undersigned will be responsible for emergency treatment cost.

In the case of an accident or illness where immediate treatment of my child is not indicated, but where (s)he is unable to remain at the field trip, I request that the school contact me or my designee to arrange transportation for my child. If the school is unable to contact me, I request that the other person listed on this form be contacted and requested to care for my child.

I understand that I must notify the school in writing if there are any changes in this health emergency information. I understand that this statement remains in effect until the end of this school year unless revised or cancelled by me in writing to the school.

Parent/Guardian Signature __________________________
Date __________________________

Distribution: Original – Office Yellow – Teacher

RET: Master: ESY, GS7 37
Duplicated, OSA

063-98-DIS
Rev. 8-16-2018
THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA and
FLORIDA DEPARTMENT OF HEALTH IN SARASOTA COUNTY
SCHOOL HEALTH SERVICES
1960 LANDINGS BOULEVARD, SARASOTA, FL 34231 PHONE (941) 927-9000

MEDICATION/TREATMENT AUTHORIZATION

Instructions: Read instructions on page 2 prior to completing the form.

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Sex</th>
<th>DOB</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Riverview High School</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The following section is to be completed by the parent or legal guardian.

I hereby grant permission to the principal or his/her designee of Riverview High School to assist in the administration of the prescribed medication and/or treatment to my child while in school and away from school while participating in official school activities (F.S.1006.062). It is my responsibility to notify the school if and when these orders change. I understand the law provides that there shall be no liability for civil damages as a result of the administration of such medication and/or treatment where the person administering such medication and/or treatment acts as an ordinarily reasonably prudent person would under the same or similar circumstances.

Parent/Guardian Name ________________________________ Relationship ________________________________
Emergency Phone ________________________________ Home Phone ________________________________ Work Phone ________________________________
Address
List student allergies
Parent/Guardian Signature ________________________________ Date ________________________________

The following section is to be completed by the prescribing physician
A separate form must be completed for each medication or treatment prescribed.

The student named in this document is under my medical supervision for the diagnosis described below. I have prescribed the following medication/treatment, which is necessary to be given in school. I am aware that trained non-medical staff may administer this physician prescribed service.

This order is to be effective for the school year: 2017 - 2018 or earlier stop date ________________________________

Diagnosis (for this medication/treatment)

<table>
<thead>
<tr>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Medication</td>
</tr>
<tr>
<td>Instructions to give</td>
</tr>
<tr>
<td>Frequency (i.e. q 8 hrs PM)</td>
</tr>
<tr>
<td>Route</td>
</tr>
<tr>
<td>Time medication is given at home (if applicable)</td>
</tr>
</tbody>
</table>

Possible side effects

Is student authorized to carry and use asthma inhalation medication or Epinephrine Auto-Injector? Yes No

Has student been instructed in the use of asthma inhaler or Epinephrine Auto-Injector? Yes No

Is student authorized to carry and self-administer pancreatic enzymes? Yes No

Has student been instructed in the use of pancreatic enzymes? Yes No

Other Information

Physician Name ________________________________
Office Address ________________________________ Phone ________________________________ Fax ________________________________
Physician Signature ________________________________ Date ________________________________

Medication order reviewed by school RN ________________________________ Date ________________________________
Medication stopped by Parent/Guardian Signature ________________________________ Date ________________________________
MEDICATION/TREATMENT AUTHORIZATION

Instructions: For medical/treatment administration during school hours, read the below requirements.

If your child needs to have medication(s)/treatment(s) given during the school day, state regulations and school board policy require that you and your doctor provide written permission for administration of both prescribed and over-the-counter medication(s) or treatment(s).

Medication refers only to those products which have been approved by the “Food and Drug Administration” (FDA) for use as a drug.

♦ Prescribed medications must arrive in a container with the original, unaltered prescription label attached. The label must display all legal information required for a pharmacist to dispense a prescription medication such as valid issue and expiration dates, the patient's name, the medication name and dosage instructions, and the doctor’s name. The label information must match the physician’s order.

♦ Over-the-counter medications must arrive in the original, unopened store-issued container. Take the time to label the container with your child’s full name and birth date, the date you send the medication to school and the dosage prescribed by the doctor.

♦ The Medication/Treatment Authorization Form on the reverse side of this document must be completed entirely and accompany any medication (either prescribed or over-the-counter) to be given to your child in school. Both a parent/legal guardian and the prescribing doctor must sign the form. Staff will not be able to administer medications to your child without this written consent.

♦ The parent, legal guardian, or an authorized adult must hand carry medications to the school health room. The medication brought into the school health room must match the prescribed medication amount. For example, if the prescribed amount is ½ tablet, then it is the responsibility of the pharmacy/parent to cut the tablets. The health room aide upon receipt will verify the quantity of each medication. Albuterol and Epinephrine Auto-Injectors must be delivered in the original box with the pharmacy label. Do not send medications to school with your child.

♦ The RN at your child’s school may need to call the doctor’s office for medication/treatment clarification.

The parent or legal guardian will need to pick up the medication at the end of the school year or if the medication is discontinued or changed during the school year. If the medication is not picked up, it will be discarded.
THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA
1960 LANDINGS BOULEVARD, SARASOTA, FL 34231
PHONE (941) 927-9000

RELEASE FOR OUT-OF-COUNTY OR OVERNIGHT TRAVEL FOR ATHLETICS AND FIELD TRIPS

Instructions: Form must be signed and notarized and returned to child's school. If you have questions pertaining to this form, contact your child’s school.

Student Name (Print) ___________________________________________ School Year 2017-2018

Address _______________________________________________________ DOB __________________________

Home Phone ____________________________ Parent/Guardian Work Phone ____________________________ Cell Phone ____________________________

Other Emergency Contact Name ____________________________ Phone ____________________________

Medical Insurance Carrier ____________________________ Policy Group Number ____________________________

This application to travel and participate in activities or events sponsored by the Sarasota County Schools is entirely voluntary on our part and is made with the understanding that we have not violated any of the eligibility rules and regulations of the Florida High School Athletic Association or the Sarasota County Schools. It is also agreed that we will abide by all the rules set down by the School Board of Sarasota County, the Florida High School Athletic Association, and the school.

The School Board of Sarasota County, its school principals and teachers, desire that students and parents or guardians of students have a thorough understanding of the implications involved in a student participating in a voluntary extracurricular activity or curricular field trips. For this reason it is required that each student in the Sarasota County Schools, his/her parent, parents, or guardian, read, understand, and sign this agreement prior to the student being allowed to participate in any out-of-county or overnight school trip.

1. I, we the undersigned, as parent, parents or guardians, give my/our consent for the student identified herein to participate in out-of-county or overnight travel as a representative of his/her school.
2. I, we will not hold the School Board of Sarasota County, anyone acting in its behalf, or the Florida High School Athletic Association responsible or liable for any injury occurring to the named student in the course of such activities or such travel. I, we release the School Board of Sarasota County, its employees, and agents from all claims, including any claims, costs or damages arising from the negligence of the School Board of Sarasota County, its agents, or employees.
3. I, we understand that school officials will complete accident insurance forms, if the student has school insurance, after which all claims under insurance policy or policies, for injuries received while participating in school events, shall be processed by the student, his/her parent, parents, or guardian through the company agent handling the student's insurance policy, and not through the school officials.
4. I, we hereby accept financial responsibility for equipment or instruments lost by the student identified herein.
5. I, we authorize the school to transport and to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student in the course of such activities or such travel. I, we also agree that the expenses for such transportation and treatment shall not be borne by the school district or its employees.
6. I, we accept full responsibility and hereby grant permission for my/our son/daughter to travel on any approved school related trip. This statement remains in effect until the end of this school year unless cancelled by me in writing to the school.

Student Signature ___________________________________________ Date ________/____/2018

Parent/Guardian Name ___________________________________________ Parent/Guardian Signature ___________________________________________ Date ________/____/2018

State of Florida

County of Sarasota

Sworn to (or affirmed) and subscribed before me this ________ day of ________, 20 ______ by ________________________________ (Name of Person Making Statement)

The foregoing instrument was acknowledged by ________________________________ personally know to me, or produced Identification/Type of Identification ________________________________

Notary Public Signature ___________________________________________ Name of Notary Public: Print, Stamp, or Type as Commissioned ________________________________

My Commission Expires ________________________________ Commission Number ________________________________

RET: Master, ESY, GS7 37
Dpt: OSA

064-95-DIS
Rev. 4-26-2016
THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA
RISK MANAGEMENT
1960 LANDINGS BOULEVARD, SARASOTA, FL 34231
PHONE (941) 927-6000

PARENT RELEASE FOR TRANSPORTATION PROVIDED THROUGH
PUBLIC/COMMERCIAL TRANSIT SYSTEM
(I.E. AIRLINES, RAIL, CRUISE LINES)

Instructions: Complete this form and have the signature notarized. Return the form to the school with the completed Field Trip Permission Form. Both forms must be on file at the school before your student will be allowed to participate in this activity.

I, ____________________________, understand and accept responsibility for my
Parent/Guardian Name (Print)
student, ____________________________, to participate in the field
Student Name
trip to National TSA Atlanta, Georgia ____________________________ as specified on the Field
Destination
Trip Permission Form using the identified public or commercial transit system. I agree to release and hold
harmless The School Board of Sarasota County, Florida, its employees, and agents from liability for all claims,
judgments, costs, or other expenses, including attorney fees, arising out of the bodily injury or property damage
resulting in any way from my student using any means of public or commercial transportation.

______________________________
03/12/2018
Parent/Guardian Signature Date

STATE OF FLORIDA, COUNTY OF ____________________________

Sworn to and subscribed before me this ____________ day of ________________, 20__, by

______________________________

Personally known ___ Produced identification ___ Type of Identification Produced ____________________________
(Seal)

Signature of Notary Public

Typed or Printed Name of Notary Public

My Commission Expires ____________________________ Commission No. ____________________________

Distribution: Original – Student File Copy – Parent/Guardian

RET: Master, ESY, GS7 37 Dupl., OSA

058-14-FIN
Rev. 8-23-2015
THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA
1980 LANDINGS BLVD., SARASOTA, FL 34231
PHONE (941) 927-9000

CHAPERONE GUIDELINES

Instructions: Complete and return this form to the school Field Trip/Event Sponsor.

School Riverview High School Field Trip/Event Sponsor Deborah P. Berman

Field trip destination National TSA, Atlanta Georgia

Departure date/time June 22, 2018 6am Return date/time June 26, 2018 10pm

The primary purpose of a field trip or school-sponsored activity is to enrich students’ education. All school sponsored events, educational field trips, and other school sponsored student travel must be adequately supervised and chaperoned. As approved by the principal, the faculty member will be designated as sponsor, and other staff members or parents will be designated as chaperones. The sponsor is responsible for informing the accompanying adults of their duties and responsibilities. The safety of students is the primary concern. For this reason, the following guidelines have been developed outlining the responsibility of all chaperones.

As a Sarasota County School Board Chaperone, I agree to uphold the following guidelines:

1. Recognize that the Field Trip/Event Sponsor is ultimately responsible for all students. His/her directions must be followed by both students and chaperones

2. Understand that students must be kept under close adult supervision at all times. Chaperones are to report issues or concerns immediately to the sponsor. Chaperones are on duty the entire time they are away from the school campus and must be willing to adhere to the guidelines

3. Assist the sponsor in making sure that all students are accounted for during the trip or activity, especially prior to leaving the field trip location or dismissing of students following the activity

4. Acknowledge that trips or events extending beyond regular school hours means that the sponsor and chaperones are responsible for students until they are released to parents

5. Agree that smoking and the use of alcoholic beverages are not permitted for any individual (adult or student) participating in a school sponsored activity according to the Sarasota County School Board Safe & Drug Free Schools policy

6. Comply with and meet the background check requirements for Sarasota County School Board volunteers/chaperones and agree to abide by the District Volunteer Guidelines

If the field trip or school sponsored activity is cancelled due to changing state, national, or international conditions, the School District cannot assume responsibility for any personal financial loss. I release The School Board of Sarasota County, Florida, its employees, and agents from all claims, judgments, costs, or other expenses including attorneys’ fees resulting in any way from participation in the field trip described above.

Deborah P. Berman
Chaperone Name (Print)

Chaperone Signature Date

RET: Master, ESY, GS 37
Dupl., CSA

072-01-olis
Rev. 10-16-2014
THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA
RISK MANAGEMENT
1960 LANDINGS BOULEVARD, SARASOTA, FL 34231
PHONE (941) 927-9000

PRIVATE VEHICLE TRANSPORTATION PERMISSION

Instructions: The School Board will not be providing bus transportation for certain field trips/athletic events during the school year. Instead, the school may try to arrange alternate transportation using private vehicles driven by parents or other adults. If you agree to allow your student to be driven to/from field trips/athletic events in a private passenger vehicle, complete this form, have it notarized and return it to the school. This form must be signed and returned to the school before your student will be allowed to be transported to any field trip/athletic event in a private passenger vehicle.

Private Passenger Vehicle Transportation

I, ________________________________ give my permission for

Parent/Guardian Name (Print)

__________________________________________ to be transported to/from field trips/athletic

Student Name (Print)

events in a private passenger vehicle during the 20____ - 20____ school year. The phone number(s) where I can be reached during this school year is(are) ____________________________________________________________

____________________________________________________

Parent/Guardian Signature

Date

03/12/2018

State of Florida
County of Sarasota

Sworn to (or affirmed) and subscribed before me this _____ day of ______________________ 20____ by

____________________________________________________

(Name of Person Making Statement)

The foregoing instrument was acknowledged by ________________________ who is:

______ Personally known to me, or

______ Produced identification consisting of ____________________________________________________________

Notary Public Signature

Name of Notary Public (print, stamp, or type as commissioned) ____________________________________________________________

My Commission Expires __________________ Commission Number __________________

RET: Master, ESY, GS7 37
Dipl., OSA

063-12-FIN
Rev. 6-23-2016
STATEMENT OF INSURANCE ON PRIVATE VEHICLES

Instructions: This form is required by Florida Statute 1008.24(4). Complete the form and attach a copy of your insurance coverage card and return to your student’s school.

School Year 2017-2018

The School Board of Sarasota, Florida, requires proof of insurance coverage in force on all private vehicles, prior to and during their use for the transportation of school sponsored groups on all in-county and out-of-county trips. The groups being transported include, but are not limited to, students, coaches, sponsors, faculty and chaperones.

This form is to be completed for each private vehicle used and is valid for the school year in which filed. If the insurance policy expires or is cancelled during the school year, a new statement must be submitted.

School Riverview High School Date 03/12/2018

Driver Name (Print) _______________________________ DOB _______________________________

Driver’s Florida Operator’s License Number _____________________________________________

This is to certify that insurance policies, subject to their terms, conditions and exclusions, are at present in force with the company indicated.

Name of Insured(s) (Print) _______________________________ Policy Number __________________

Insurance Company _______________________________________________________________

Vehicle Make _______________________________ Year __________ Model __________________

Policy Period From ____________________ To __________________ Identification No. __________________

And that the same provides for personal injury protection in a sum of not less than $10,000 and liability coverage of $100,000 bodily injury per person, $300,000 per occurrence, and $50,000 property damage.

Insurance Agent _________________________________________________________________

Address _______________________________________________ Phone No. __________________

I certify that the above information is correct.

Owner Name (Print) _________________________________________________________________

Owner Signature ___________ Date ______________________________

I have verified the above information to the field trip activity. This form will be maintained in the principal’s office.

Principal/Designee Name (Print) Principal/Designee Signature Date ____________________
# Field Trip Checklist

**School:** Riverview High School  
**Sponsor Name:** Deborah P. Berman  
**Field trip destination:** National TSA, Atlanta Georgia  
**Departure date/time:** June 22, 2018 6am  
**Return date/time:** June 26, 2018 10pm

<table>
<thead>
<tr>
<th>Mark when completed</th>
<th>Form No.</th>
<th>Form Name and Instructions</th>
<th>In-County</th>
<th>Out-of-County</th>
<th>Overnight Travel</th>
<th>Out-of-State/Overnight Country</th>
</tr>
</thead>
</table>
| 070-90-DIS          | Field Trip Authority - This form is to be completed by the sponsor and approved by the principal, executive director, and School Board if necessary. Approvals must be received before contracts are signed, fundraising is initiated, or plans are finalized. Mark approvals received. | ☑ Principal (All)  
☑ Executive Director (All except in-county)  
☑ School Board (Out-of-state/country only) | X | X | X | X |
| 071-90-DIS          | Field Trip Permission - This form is to be completed by the parent/guardian for any student participating in a school sponsored activity/event including band, chorus, athletics, interscholastic activity, etc. | | X | X | X | X |
| 063-98-DIS          | Emergency Medical/Treatment Consent Form - This form must be completed by the parent/guardian for any student participating in a school sponsored activity/event including band, chorus, athletics, interscholastic activity, etc. regardless of whether or not school transportation is provided. For athletics, this form must be completed prior to an athlete's participation in pre-season or season play. Coaches and sponsors must carry a copy of these forms with them to all interscholastic activities/field trips. | X | X | X | X |
| 094-65-DIS          | Release for Out-Of-State or Overnight Travel for Athletics and Field Trips - This form must be completed by the parent/guardian for any student participating in an out-of-state or overnight travel school sponsored activity/event including band, chorus, athletics, interscholastic activity, etc. regardless of whether or not school transportation is provided. For athletics, this form must be completed prior to an athlete's participation in pre-season or season play. Coaches and sponsors must carry a copy of these forms with them to all interscholastic activities/field trips. | X | X | X | X |
| 065-96-FIN          | Statement of Insurance on Private Vehicles - This form is to be completed by activity/field trip drivers for each private vehicle used to transport school sponsored groups and is valid for the school year in which filled. If the insurance policy expires or is cancelled during the school year, a new statement must be submitted. | X | X | X | X |
| 063-12-FIN          | Private Vehicle Transportation Permission Form - This form is to be completed by the parent/guardian to allow the student to be transported to/from any activity/field trip in a private vehicle. | X | X | X | X |
| 072-01-DIS          | Chaperone Guidelines - Each designated activity/field trip chaperone must complete and return this form. | X | X | X | X |
| 000-90-FIN          | Certificate of Absence - The sponsor and all other staff participating in the activity/field trip must complete this form to report temporary duty elsewhere. | X | X | X | X |

**Field Trip/Event Sponsor Signature:**  
**Date:** 03/12/2018  
**RPT:** Master, ESY, OS7, 57  
**DPT:** GSA  
**Ref:** 073-01-D/S  
**Revis:** 8-17-2016