ID#

THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA

PARENT/GUARDIAN FIELD TRIP CONSENT

Gateway High SCHOOL

I, the parent/guardian of _____ grade ____ hereby give my consent for my child to participate in a field trip to: Grad Bash 2022

Cost of ticket includes: GradBash + bus transportation

Trip date(s) April 30, 2022 Time of departure 5:00 pm Time of return 3:00am

Teacher in charge Jacobson Cost $125.00

Mode of transportation: Check ☒ one: ☒ School Bus ☐ Common Carrier ☐ Private Vehicle ☐ Walking

Additional trip information:

Report to GHS at 4:30pm for check in and searches. We will arrive at Universal at 6:00pm. Students must come and go with the school group. ONLY GradBash22 tickets can be used-NO ANNUAL PASSES! Any student who does not follow expectations for conduct will receive consequences.

SEE DRESSCODE ATTACHED!

By this consent, I hereby release and discharge the School District of Osceola County, Florida, from all liabilities, claims, and demands of whatever kind or nature that may arise or be connected with the child's participation in, traveling to or returning from such activity, that is caused by the act or omission of persons other than agents or employees of the School District. This consent does not release the School District from any liabilities, duties or responsibilities for the acts or omissions of its own agents or employees imposed by any laws, regulations or policies.

I also understand that if my child becomes a discipline problem while on any trip, he/she will be sent home by the quickest means and at my expense.

I authorize a representative of the school named above to see that my child receives any emergency medical treatment that may become reasonably necessary, while child is on said field trip in/out of Osceola County. Payment of all charges incurred for medical treatment is guaranteed by me or the insurance company providing coverage for my child.

My child has the following medical conditions. If none, state "None" _____

Treatment for above _____

My child is allergic to the following medications. If none, state "None" _____

Date of child's last Tetanus injection, (if known), _____

Check ☒ one: ☐ I do not have medical insurance to cover treatment

☐ I have medical insurance with company/provider name _____

Policy/Group number _____

Parent/guardian home phone # _____ work phone # _____

Emergency contact if parent/guardian cannot be reached:

Name _____ Relationship _____

Home phone # _____ work phone _____

Parent/guardian signature _____ Date _____

Parent/Guardian fill out entire section and sign and date.