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DISTRICT SCHOOL BOARD OF PASCO COUNTY PARENT RELEASE

MIS Form #166 Rov. 01/18

Phone	Name of Additional Emergency Contact / Relationship to Student	Name of Additional Emergency
ale Zip Code	Sinle	City
	Street, Rural Route, or P.O. Box	
Alternate Phone Business Phone	Primary Phono All	Signature of Parent or Guardian
Date	Name of Parent or Guardian - Please Print	Name of Parent or
ms:	Additional Health Concerns:	Allergies:
osages/Times)	urrently taking (at home or school): (Do	Please list any medication(s) your child is currently taking (at home or school); (Dosages/Times)
conditions of allergies regarding my child. I understand that the trained school employee who usually dispenses medication may or may not be present during the trip. Medications will be dispensed by a trained school employee (in accordance with Board Policy 5330).	I understand that the trained school . Medications will be dispensed by a	conditions of allergies regarding my child, may or may not be present during the trip Board Policy 5330).
I have documented below all precautions/instructions regarding my child's medication. I have noted any special health related	instructions regarding my child's med	I have documented below all precautions/
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.	not be liable for any reimbursements t.	cautioned and advised that the District will by the vendor(s) and returned to the District.
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, air, are because	result of such an event, the District of the with this transaction. Therefore	Should this trip or event be cancelled as a will be refunded by the vendor(s) associated as a will be refunded by the vendor(s) associated as a will be refunded by the vendor(s) associated as a will be refunded by the vendor(s) associated as a will be refunded by the vendor(s) associated as a will be refunded by the vendor(s) associated as a will be refunded by the vendor(s) associated as a will be refunded by the vendor(s) associated as a will be refunded by the vendor(s) and the vendor(s) and the vendor(s) are will be refunded by the vendor(s) and the vendor(s) are will be refunded by the vendor(s) and the vendor(s) are will be refunded by the vendor(s) and the vendor(s) are will be refunded by the vendor(s) and the vendor(s) are will be refunded by the vendor(s) and the vendor(s) are will be refunded by the vendor(s) and the vendor(s) are will be refunded by the vendor(s) and the vendor(s) are will be refunded by the vendor(s) and the vendor(s) are will be refunded by the vendor(s) and the vendor(s) are will be refunded by the vendor(s) and the vendor(s) are will be refunded by the vendor(s) and the vendor(s) are will be refunded by the vendor(s) and the vendor(s) are will be refunded by the vendor(s) and
Department of Homeland Security, severe weather conditions, etc.) the District School Board of Pasco County will take the	security of students might be composed weather conditions, etc.) the District of the composed was a security of students and the composed was a security o	Department of Homeland Security, sever
ACCOUNT TO THE PARTY AND ALL T		In any citiation in which the professional
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.	ed. To ensure prompt attention in our expense considered necessary for coldent or health insurance policy the	any accident in which the student is injur- the person(s) in charge of said the to inc is in excess of the amount paid by any a or accident.
responsibility because of sickness of the student while going to, returning from, or attending said field the or because of	or other employees of the school student while going to, returning fr	responsibility because of sickness of the
County, the individual members of said Board, the	school Board of Pasco County, t	walking, hereby release the District School Board of Pasco
nev ber	sponsored trip to University own my child, if transported by a privately own	Board of Pasco County to go on a school sponsored trip to and I, the undersigned, understand that my child, if trans
2	-	principal, teacher(s) or other personnel of Charles
having been accepted by the	Student Name - Please Print D	In consideration of Student Nam
3	onso	Date of Field Trip 5/12/2
Walking Charter Bus PCPT	Private Vehicle Wa	School Bus/Van_
	TRANSPORTATION BY:	



Date of Field Trip_

DISTRICT SCHOOL BOARD OF PASCO COUNTY PARENT RELEASE

MIS Form #166 Rev. 01/18

TRANSPORTATION BY: shool Bus/VanPrivateVehicleWalking.	Sor	aponsor	1	
TRANSPORTATION I	X X	9	W	14/V
TRANSPORTATION BY:	<	Vehicle	Private	ool Bus/Van_
	ON BY:	SPORTATIO	TRAN	

cle__Walking__Charter Bus \(\frac{\text{PCPT}}{\text{CFado}} - \text{CSRMS}\)

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

may or may not be present during the trip. Medications will be dispensed by a trained school employee (in accordance with conditions or allergies regarding my child. I understand that the trained school employee who usually dispenses medication I have documented below all precautions/instructions regarding my child's medication. I have noted any special health related Board Policy 5330).

Please list any medication(s) your child is currently taking (at home or school): (Dosages/Times)

Name of Additional Emergency	City		Signature of Parent or Guardian	Name of Parent or		Allergies:	
Name of Additional Emergency Contact / Relationship to Student	State	Street, Rural Route, or P.O. Box	Primary Phone Alternate Phone	Name of Parent or Guardian - Please Print	,	Additional Health Concerns:	The state of the s
Phone	Zip Code		Business Phone	Dato			30