



**VOLUSIA COUNTY SCHOOLS
FIELD TRIP PARENT PERMISSION FORM
SECONDARY**

Use page 15 or page 16.

Complete the form in its entirety. It should be on file at the school/site at least five days prior to departure.

My son/daughter _____ (legal name) _____ (student ID) has permission to participate in
GRAD BASH @ Universal Studios & Islands of Adventure on **Saturday, April 25, 2020**
 _____ (event) _____ (date(s))
 from **4:00** A.M. P.M. to **4:00** A.M. P.M. at **Universal Orlando, Florida**
 _____ (address)

Cost to student is \$ **120.00** transportation & tickets - bring extra money for food, beverage & souvenirs

I understand that my son/daughter will travel by:

- Activity bus District-owned vehicle School bus Private carrier/vehicle
 Commercial carrier - name of carrier **BTM Charters**

Signature of Sponsor Ms. [Signature] Date Oct 4, 2019
 Signature of Principal [Signature] Date 10/4/19

PARENT INFORMATION

I realize that the teacher in charge will exercise precaution for the safety of students involved in this event, and I agree to assume full responsibility for any unforeseen accident which might occur during travel or while participating in this program. I further assure that my son/daughter has been instructed to comply with the regulations of the school, teachers, sponsors, and/or chaperones who are in charge of the activity.

Note: Should the field trip be canceled for security reasons, students and their parents/guardians will incur the financial expense beyond what can be reimbursed. Should it become necessary to send my son/daughter home early from this field trip due to inappropriate behavior, I realize that I will incur the financial responsibility of this action.

Parent/Guardian Signature _____ Date _____
 Home Phone Number _____ Emergency Phone Number _____

STUDENT INFORMATION

**Class of 2020
Grad Bash Pledge**

Graduation is almost here! This is just to remind you Grad Bash is a special night set aside for your senior class trip. It will be an exciting time at Universal's Island of Adventure and Universal Studios and a tradition that spans several years.

Seabreeze students have always been responsible young adults; therefore, it is not necessary for us to hand each one of you a list of do's & don'ts. Our tradition is one of good, clean fun..... No drugs, no alcohol and required dress code. No doubt you will know what appropriate behavior is, what is right and what is wrong. Errors in judgment can only reflect negatively on Seabreeze High School, "Where Dreams Come True," and put your graduation in jeopardy. This is a school sponsored event and **All School Rules apply.**

I, _____, hereby understand the above statement and support the staff of Seabreeze High School and Universal's Island of Adventure and Universal Studios Florida.

Signature of Student _____ Alpha _____ Date _____ Student's Cell Number _____



VOLUSIA COUNTY SCHOOLS
SCHOOL-RELATED ACTIVITIES LIABILITY/MEDICAL WAIVER

Name of Student _____ Emergency Phone Numbers _____
Name of School SEABREEZE H.S. Current School Year 2019-2020
Date of Birth _____ Place of Birth _____

For high school students only - I voluntarily choose to participate in one or more school-related activities during the current school year. The School-Related Activities Agreement for the above school is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the school and Florida High School Athletics Association (FHSAA).
Student's Signature _____ Date _____

PARENT/GUARDIAN INFORMATION

RELEASE WAIVER OF LIABILITY - I, the undersigned parent/guardian, give permission for the above-named student to participate in any school-related activities. I hereby release, waive, discharge and covenant not to sue the School Board of Volusia County, its directors, officers, agents and employees all for the purpose hereby referenced as "releases," for all liability to the above-named student and/or undersigned, for any and all loss, injury, damage, and any actions, claims, demands, damages, costs or expenses therefore, which the above-named student or I may have against releases arising out of, or in any way connected with, the above-named student's participation in any school-related activity. The insurance company that covers any medical expenses related to injuries sustained as a result of the above-named student's participation in any school-related activity follows.

Medical Insurance Company Name _____ Policy # _____

SPECIAL HEALTH CARE INFORMATION (allergies, medications, treatments, etc.)

NOTARY SECTION - This form must be signed in front of a notary and is valid for the current school year. I understand that it is my responsibility to notify the school of any changes to this agreement.

Parent/Guardian Signature _____ Date _____

The foregoing instrument was acknowledged before me by (parent/guardian) _____ who is personally known to me or who has produced (type of ID) _____ as identification and who executed the foregoing instrument and he/she acknowledged before that he/she executed the same.

Notary Public, State of Florida _____ Notary Commission Number _____

Type, print or stamp notary name _____ My commission expires _____