SUWANNEE COUNTY SCHOOL BOARD
WORKSHOP SESSION
October 11, 2022

AGENDA

9:00 a.m. Call to Order/Welcome/Pledge ..... Jerry Taylor, Chairman

9:02 a.m. Curriculum and Instruction Department Update ..... Jennifer Barrs
- 2022-2023 Elementary and Secondary Student Progression Plans

9:30 a.m. Assistant Superintendent of ..... Malcolm Hines
Administration Department Update
- Policy Updates **(pgs. 2-4)**
- New Form **(pgs. 5-6)**

10:00 a.m. Economic and Demographic Research Discussion ..... Jerry Taylor

10:30 a.m. Superintendent Update ..... Ted Roush

11:00 a.m. Adjourn

## EDUCATIONAL FIELD TRIPS AND EXTRACURRICULAR TRIPS 4.141

***POLICY:***

A. Special school trips shall be classified as follows:

1. Educational Field Trips - Any trip which is directly related to a unit of instruction being studied by a particular group of students.

2. Extracurricular Trips - A trip which is not directly related to the instructional program, but is related to a school-sponsored or connected activity.

B. Each school shall develop a program of field trips which are suitable to each grade level and provide for a variety of experiences. A list of suitable educational trips shall be submitted to the Superintendent for approval; out-of-state trips, excluding Georgia, must be approved by the School Board.

C. Written permission of the student's parent(s) or legal guardian shall be required for any student who attends an educational trip. The written permission shall be kept on file.

1. Proper arrangements shall be made for any student(s) who does not attend a field trip.

2. No fee shall be charged to a student for the cost of an educational field trip.

3. The Superintendent shall develop procedures to be followed relating to extracurricular field trips to ensure all eligible students have the opportunity to participate in the field trip.

D. Parental Notification and Permission

The parent, as defined by Florida Statutes, shall be notified prior to any field trip. Such notice shall state the nature of the field trip; specific location and type of establishment to be visited; the date of the trip; the time of departure and time of return to the

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school; mode of transportation; method of student supervision consistent with Florida Statutes; and if it is an overnight trip, room assignments for lodging **will be** separated by biological sex at birth. Any student making a trip shall present a note from his/her parent giving permission for him/her to make the trip.

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STATUTORY AUTHORITY: 1001.41; 1001.42, F.S.

LAWS IMPLEMENTED: 1001.43, F.S.

| History: | Adopted:<br>Revision Date(s): 3/22/05<br>Formerly: IICA |
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School Board Policies
Summer 2022 part 3
NEFEC

| Policy # | Req | Proc | Status | Option | Policy Title | Comments |
|---|---|---|---|---|---|---|
| ~~4.23~~<br>4.141 | | X | Revision (may be new to some districts) | | Field Trips | Changes to State Board Rule 6A-10.085 |

# SUWANNEE COUNTY SCHOOL BOARD, FLORIDA

## Assumption of Risk, Waiver, Release & Hold Harmless

### Voluntary Extracurricular Activities
### For School Year 2022-2023

I desire to participate or allow my child(ren) to participate in one or more voluntary extracurricular activities sponsored by the School Board of Suwannee County, Florida. There are inherent risks which occur during student participation in extra-curricular activities such as band, drama, field trips, athletics, and other student activities. These risks include, but are not limited to, injuries which occur during travel to and from these activities in vehicles and on school buses and being in close proximity with other students, staff, and faculty.

Suwannee County School Board, at each of its public schools ("schools"), will conduct certain extracurricular activities beginning in the Fall of 2022 and continuing through the 2022-23 school year. These activities, hereinafter known as "Activity," will be conducted with safety protocols appropriate under the circumstances at the time. For the safety of all people involved, participants in the Activity will be required to adhere to all safety protocols and are subject to immediate removal from the Activity if they do not comply. Extracurricular activities are a privilege, and not a right, of public school students.

By signing this document below, I acknowledge and affirm all the statements above. I voluntarily assume all risks that I and/or my child(ren) may be exposed to by participation in the Activity, and that such exposure may result in personal injury, illness, sickness, and/or death. I understand that the risk of exposure may result from the actions, omissions, or negligence of myself, my child(ren), school staff, volunteers, or agents, other Activity participants, or others not listed, and I acknowledge that all such risks are known to me.

In consideration of me and my child(ren) being able to participate in the Activity, I, on behalf of myself, as well as anyone entitled to act on my behalf, hereby forever waive, release, and hold the School Board of Suwannee County, Florida and its employees and agents harmless from any and all claims, suits, liability, actions, judgments, attorneys' fees, costs, and any expenses of any kind resulting from injuries or damages, grounded in tort or otherwise, that I and/or my child(ren), or my or our representatives, sustain during or related to my child(ren)'s participation or involvement in the Activity.

| | |
|---|---|
| _____ | _____ |
| Signature of Parent/Guardian | Signature of Student |
| _____ | _____ |
| Print name of Parent/Guardian | Print name of Student |
| _____ | _____ |
| Date of signature | Date of signature |

# SUWANNEE COUNTY SCHOOL BOARD, FLORIDA

## Consent by Parent/Legal Guardian for Treatment of a Minor During Voluntary Extracurricular Activities For School Year 2022-2023

I, the undersigned, as parent or legal guardian of:

Student's Name: _____

Date of Birth: _____

Address: _____

Emergency Contact Numbers: _____ _____

have the legal authority to give consent for the treatment of this minor. I hereby authorize Suwannee County School Board to provide diagnostic or medical treatment to such minor as may be considered necessary or appropriate under the circumstances which may include, without limitation, arranging for and/or authorizing medical treatment by a healthcare provider, as defined in F.S. 456.001, or someone under the direct supervision of a healthcare practitioner, should the need arise for such treatment. I agree that treatment may be provided in my absence and without my direction, for the purpose of aiding and assisting the medical needs of the above-named minor. This consent shall remain in effect unless it is revoked in writing.

Signature: _____

Signed this day _____ day of _____, 20____.

Parent/Guardian Name (Print): _____

Relationship to Minor: _____

Address: _____

Phone: _____