



OFF-CAMPUS ACTIVITY
PARENTAL/GUARDIAN CONSENT FORM

SCHOOL: PGMS

SCHOOL #: 0121

I hereby grant permission for X (Name of Student) to participate in the following off-campus school activity:

field trip to Busch Gardens

Purpose of the Off-Campus Activity

Tampa, FL. theme park

Specific Location & Type of Establishment

on Wednesday,

Dates & Time

April 24, 2024
7:45 AM - 8:00 P.M.

and to make incidental stops en route. I understand the method of transportation will be:

School Bus _____ Charter Bus X School Van _____ Rental Van _____ *Private Vehicle _____ Walking _____

Method of Student Supervision and anticipated number (or ratio) of chaperones:

PGMS staff or Level 2 volunteer 30 chaperones

I understand that under present law, if my child is riding in a private passenger automobile which is involved in an accident, he/she will be primarily covered for bodily injury under my family automobile policy, and I agree to submit any medical bills incurred to my insurance company for payment. If my policy has been issued with a deductible clause relative to the personal injury protection, I understand that I have assumed the deductible amount when I purchased this policy. *Transportation of students by private vehicle is governed by School Board Policy 8660.

I on behalf of myself, my heirs, executors, successors, and assigns, consent to medical treatment and assume full responsibility and liability for any and all expenses, damage, accident, illness, injury or medical expense of and to my child and my property resulting from such participation. I attest and affirm that the participant is physically fit and able to participate in the activity and I have not been advised or informed by any medical care provider to the contrary.

I further agree to inform the appropriate school official(s) should my child's physical condition change in any way and any time as to affect his/her participation in the activity herein named.

NOTE: IF THERE IS ANY PHYSICAL CONDITION TO THE CONTRARY, DESCRIBE IN THE MEDICAL INFORMATION SPACE BELOW. This is very important in order to insure your child's well-being on the field trip. Please list any known allergic reactions (bees, ants, medications, etc.). Indicate any condition such as asthma, wheezing, heart disease, seizures, diabetes, muscular or skeletal problems, or any other medical condition you would like called to the school's attention. Feel free to call the school in advance of the activity date to discuss any specific health problems.

Please note that this off-campus activity/trip will not require any overnight accommodations.

I understand that all eligible students, for this off-campus activity, have the opportunity to attend and I will contact the school principal to request specific accommodations pertaining to this off-campus activity, if needed.

X _____
Signature of Parent & Date

X _____
Primary Phone Number

Secondary Phone Number

Please return to Mrs. Combs with your
payment
School

by Feb. 16th
Date