

School Use: on _____

DAY FIELD TRIP PERMISSION SLIP

As parent or legal guardian of				
	(Name of Studen	t)	(Student ID Number)	
I hereby give my permission for my chi and understand that his/her participation		in the following activit	ty/activities (hereinafter "this activity'	
Event Date/Time:				
(MM/DD/YYYY)	(Time)	(Location	(Location Name and Address)	
	(Detailed Activity	/ Type/Purpose)		
Schools, the School Board of Orange	my own behalf and on County, Florida, and ar ath, disfigurement, los	behalf of my child/war ny and all employees, a	ward participating in this activity. In this activity. In the definition of the desired participation was activity. In the desired participation was actived and the desired participation of	
	tion rides, and/or may it to any medical condition	involve water. I confirr on(s), physical conditio	m that my child's/ward's records on fil n(s), vaccinations, and limitations, an	
•	dent accidents and injust shall be primary and/o	ries, including death. I r I will make arrangem	further agree that any insurance I ma ents, prior to this activity, to purchas	
EEAG, each child's/ward's parent Transportation of Student in Privatel in a privately-owned vehicle. I furth	not be providing transp or guardian shall giv ly Owned Vehicle and R ner release the School	ortation using OCPS ve ve prior written cons Release of Liability Forn Board of Orange Cou	during the above-mentioned activity. ehicles. In accordance with OCPS Policion and Request for the transportation of a child/warnty, Florida and Orange County Public, my child/ward, other student, or thir	
This indemnification shall not apply to a County, Florida's sole gross negligence of	•	•	ising from The School Board of Orang	
In accordance with <u>OCPS Policy JJB</u> , All s shall have one chaperone for every 10 member of the school staff.			·	
Parent or Legal Guardian Signature		Date		
Parent or Legal Guardian Name (Printed	l)	School Name	2	

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