THE SCHOOL BOARD OF NASSAU COUNTY, FLORIDA OFF-CAMPUS SCHOOL ACTIVITY CONSENT FORM

TO:	School Principal: School, Nassau Cou		School, Nassau County S	School District
FROM:	Parent or Guardian of Studen	t		
I/We, _		parent(s) and/or	guardian(s) of	,
hereby g	grant our permission for towit:		to participate in the fo	ollowing off-campus school
Date/Tim	ne of Departure:	Date/Es	timated Time of Return:	
I can be	reached during this trip, at thes	se phone numbers: A.M	P.	M
private v acknowle	knowledge that my/our child water the child water than the child water that the child water than the child water than the child water that the child water than the child water than the child water that the child water than the child water that the child water than the child water that the child water t	orize him/her to travel in voor said vehicle(s) to mak	whichever form of transporta e incidental stops in route to	tion is used. I/We further o, and in return from, the
accident submit a deductib	derstand that under present law, he/she will be primarily coverny medical bills incurred by make the person to the person when I/We purchased the poly(ies):	ered for bodily injury unden ny/our insurance company onal injury protection, I/W	er my/our family automobile for payment. If my/our police understand that I/We have	policy, and I/We agree to cy has been issued with a e assumed that deductible
health in	surance co.:		policy number	
automob	oile insurance co.:		policy number	
one which	rent that I/We do not have fami ch I/We have chosen to make as a result of injury or treatmer	e, and I/We hereby agree	to be solely responsible for	any and all medical bills
the abov School I	behalf of ourselves, our heirs, ve referenced off-campus scho Board of Nassau County, Flor or liability which may or might	ool activity, do hereby rele rida, its agents, servants,	ease and agree to save and employees and successors,	hold harmless the District from any and all claims,
RETURI AUTHOI	UDENT WILL BE ALLOWEI NING A VALID, EXECUTED RIZATION FORM TO THE SC IPATE IN THE CONTEMPLATI	AUTHORIZATION FOR HOOL IN A TIMELY MAN	M. FAILURE TO EXECU	TE AND RETURN THIS
	reby certify that we have read to a ms and condition and agree to a			understand the significance
	Witness	Parent/Gu	 uardian	Date
Cor Mid:al-	llo and Lligh Cohool Chirdonte			
I hereby School E particula	dle and High School Students: certify that I have read, unders Board of Nassau County, my S r school personnel chaperoning les and regulations will subject	chool Code of Conduct, a g the activity in which I am	nd I agree to obey the comm participating. I further acknow	ands and directions of the wledge that any violation of
Date:		Student:		