

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

TO: School Principal: \_\_\_\_\_ School, Nassau County School District

FROM: Parent or Guardian of Student

I/We, \_\_\_\_\_ parent(s) and/or guardian(s) of \_\_\_\_\_, hereby grant our permission for \_\_\_\_\_ to participate in the following off-campus school activity, to wit: \_\_\_\_\_

Date/Time of Departure: \_\_\_\_\_ Date/Estimated Time of Return: \_\_\_\_\_

I can be reached during this trip, at these phone numbers: A.M. \_\_\_\_\_ P.M. \_\_\_\_\_

I/We acknowledge that my/our child will be transported to and from said activity either via charter bus, school bus or private vehicle, and I/We hereby authorize him/her to travel in whichever form of transportation is used. I/We further acknowledge the right and necessity of said vehicle(s) to make incidental stops in route to, and in return from, the designated activity when determined to be necessary or desirable by representatives of the District School Board of Nassau County.

I/We understand that under present law, if my/our 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/our family automobile policy, and I/We agree to submit any medical bills incurred by my/our insurance company for payment. If my/our policy has been issued with a deductible clause relative to the personal injury protection, I/We understand that I/We have assumed that deductible amount when I/We purchased the policy. I/We have health and/or family automobile insurance with the following company(ies):

health insurance co.: \_\_\_\_\_ policy number \_\_\_\_\_

automobile insurance co.: \_\_\_\_\_ policy number \_\_\_\_\_

In the event that I/We do not have family automobile insurance, I/We hereby acknowledge that that decision is a personal one which I/We have chosen to make, and I/We hereby agree to be solely responsible for any and all medical bills incurred as a result of injury or treatment to my/our child even though I/We have no insurance coverage.

I/We, on behalf of ourselves, our heirs, executors, successors and assigns, in consideration of my/our child participating in the above referenced off-campus school activity, do hereby release and agree to save and hold harmless the District School Board of Nassau County, Florida, its agents, servants, employees and successors, from any and all claims, actions, or liability which may or might arise out of my/our child's participation in the above referenced off-campus school activity.

NO STUDENT WILL BE ALLOWED TO PARTICIPATE IN ANY OFF-CAMPUS ACTIVITY WITHOUT FIRST RETURNING A VALID, EXECUTED AUTHORIZATION FORM. FAILURE TO EXECUTE AND RETURN THIS AUTHORIZATION FORM TO THE SCHOOL IN A TIMELY MANNER MAY RESULT IN YOUR CHILD'S INABILITY TO PARTICIPATE IN THE CONTEMPLATED ACTIVITY.

I/We hereby certify that we have read the entire contents of this Consent Form and that I/We understand the significance of its terms and condition and agree to abide by the covenants stated herein.

\_\_\_\_\_  
Witness Parent/Guardian Date

<b><u>For Middle and High School Students:</u></b> I hereby certify that I have read, understand and agree to abide by all of the rules of conduct and regulations of the District School Board of Nassau County, my School Code of Conduct, and I agree to obey the commands and directions of the particular school personnel chaperoning the activity in which I am participating. I further acknowledge that any violation of these rules and regulations will subject me to disciplinary action just as if said violation occurred on campus. Date: _____ Student: _____	
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