## 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 towit:	parent(s) and/or guardian(s) of _ to partici	pate in the following off-campus school
	towit.		
Date/Tin	ne of Departure:	Date/Estimated Time of R	eturn:
I can be	reached during this trip, at these	e phone numbers: A.M	P.M
private v acknowl	vehicle, and I/We hereby autho edge the right and necessity of ted activity when determined to	Il be transported to and from said activity rize him/her to travel in whichever form of said vehicle(s) to make incidental stops be necessary or desirable by representations.	of transportation is used. I/We further in route to, and in return from, the
accident submit a deductib	t, he/she will be primarily cover any medical bills incurred by my ole clause relative to the person when I/We purchased the pol	if my/our child is riding in a private passer red for bodily injury under my/our family y/our insurance company for payment. If nal injury protection, I/We understand tha licy. I/We have health and/or family aut	automobile policy, and I/We agree to my/our policy has been issued with a t I/We have assumed that deductible
health ir	nsurance co.:	policy number	·
automob	oile insurance co.:	policy number	er
one whi	ch I/We have chosen to make,	y automobile insurance, I/We hereby ackno, and I/We hereby agree to be solely rest to my/our child even though I/We have no	ponsible for any and all medical bills
the above School	ve referenced off-campus school Board of Nassau County, Flori	executors, successors and assigns, in consicol activity, do hereby release and agree to da, its agents, servants, employees and trise out of my/our child's participation in the	o save and hold harmless the District successors, from any and all claims,
RETURI AUTHO	NING A VALID, EXECUTED	TO PARTICIPATE IN ANY OFF-CAI AUTHORIZATION FORM. FAILURE T HOOL IN A TIMELY MANNER MAY RESU D ACTIVITY.	TO EXECUTE AND RETURN THIS
		ne entire contents of this Consent Form and bide by the covenants stated herein.	d that I/We understand the significance
	Witness	Parent/Guardian	Date
For Mide	dle and High School Students:		
I hereby School I particula	certify that I have read, understa Board of Nassau County, my So ar school personnel chaperoning	and and agree to abide by all of the rules of chool Code of Conduct, and I agree to obe the activity in which I am participating. I fu ne to disciplinary action just as if said violati	by the commands and directions of the rther acknowledge that any violation of
Date:		Student:	