THE SCHOOL DISTRICT OF ESCAMBIA COUNTY

75 N. PACE BLVD.
PENSACOLA, FL 32505
(850) 432-6121 | www.ecsdfl.us

OFF-CAMPUS DAY ACTIVITY TRIP PARENTAL CONSENT & RELEASE

For local area trips (Escambia, Santa Rosa, Okaloosa) within the normal school day.

I/We, hereby grant permission for (student name) _____ to participate in an off-campus school activity of (type activity) Football Game at (locations) Milton High School Milton, Florida on (date) 8/28/26 for the purpose of Football Game and Halftime Performance.

I/We, understand that the student will be supervised by (number of anticipated chaperones) 20.

I/We, understand the method of transportation will be:
School Bus X Charter Bus X Rental Vehicle X Private Vehicle X Walking

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 to my 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, on behalf of ourselves, our heirs, executors, successors, and assigns, in consideration of my/our child participating in the off-campus school activity, release and agree to save and hold harmless the School Board of Escambia County, Florida, its agents, servants, employees and successors from any activity and from the obtaining of and consenting 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 or our property resulting from such participation. We attest and affirm that the participant is physically fit and able to participate in the activity and we have not been advised or informed by anyone to the contrary.

In the event of an accident requiring emergency care, a reasonable effort will be made to notify the parent/guardian if practicable. By the signature below, the parent/guardian hereby authorizes any emergency medical treatment and/or hospitalization deemed necessary by emergency response or medical personnel. **A copy of this permission form will accompany the activity sponsor. A copy of this permission form must be retained by the sponsor based on the State Retention Guidelines**

List any activities in which student cannot participate:

_____

_____ _____
Signature of Parent or Guardian Date

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OFF-CAMPUS DAY ACTIVITY TRIP PARENTAL CONSENT & RELEASE

For local area trips (Escambia, Santa Rosa, Okaloosa) within the normal school day.

I/We, hereby grant permission for (student name) _____ to participate in an off-campus school activity of (type activity) Football Game at (locations) Crestview High School Crestview, Florida on (date) 9/11/2026 for the purpose of Football Game and Halftime Performance.

I/We, understand that the student will be supervised by (number of anticipated chaperones) 20.

I/We, understand the method of transportation will be:
School Bus X Charter Bus X Rental Vehicle X Private Vehicle X Walking

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 to my 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, on behalf of ourselves, our heirs, executors, successors, and assigns, in consideration of my/our child participating in the off-campus school activity, release and agree to save and hold harmless the School Board of Escambia County, Florida, its agents, servants, employees and successors from any activity and from the obtaining of and consenting 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 or our property resulting from such participation. We attest and affirm that the participant is physically fit and able to participate in the activity and we have not been advised or informed by anyone to the contrary.

In the event of an accident requiring emergency care, a reasonable effort will be made to notify the parent/guardian if practicable. By the signature below, the parent/guardian hereby authorizes any emergency medical treatment and/or hospitalization deemed necessary by emergency response or medical personnel. **A copy of this permission form will accompany the activity sponsor. A copy of this permission form must be retained by the sponsor based on the State Retention Guidelines**

List any activities in which student cannot participate:

_____

_____ _____
Signature of Parent or Guardian Date

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OFF-CAMPUS DAY ACTIVITY TRIP PARENTAL CONSENT & RELEASE

For local area trips (Escambia, Santa Rosa, Okaloosa) within the normal school day.

I/We, hereby grant permission for (student name) _____ to participate in an off-campus school activity of (type activity) Football Game at (locations) West Florida High School Pensacola Florida on (date) 9/18/2026 for the purpose of Football Game and Halftime Performance.

I/We, understand that the student will be supervised by (number of anticipated chaperones) 20.

I/We, understand the method of transportation will be:
School Bus X Charter Bus X Rental Vehicle X Private Vehicle X Walking

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 to my 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, on behalf of ourselves, our heirs, executors, successors, and assigns, in consideration of my/our child participating in the off-campus school activity, release and agree to save and hold harmless the School Board of Escambia County, Florida, its agents, servants, employees and successors from any activity and from the obtaining of and consenting 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 or our property resulting from such participation. We attest and affirm that the participant is physically fit and able to participate in the activity and we have not been advised or informed by anyone to the contrary.

In the event of an accident requiring emergency care, a reasonable effort will be made to notify the parent/guardian if practicable. By the signature below, the parent/guardian hereby authorizes any emergency medical treatment and/or hospitalization deemed necessary by emergency response or medical personnel. **A copy of this permission form will accompany the activity sponsor. A copy of this permission form must be retained by the sponsor based on the State Retention Guidelines**

List any activities in which student cannot participate:

_____

_____ _____

Signature of Parent or Guardian Date

THE SCHOOL DISTRICT OF ESCAMBIA COUNTY

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OFF-CAMPUS DAY ACTIVITY TRIP PARENTAL CONSENT & RELEASE

For local area trips (Escambia, Santa Rosa, Okaloosa) within the normal school day.

I/We, hereby grant permission for (student name) _____ to participate in an off-campus school activity of (type activity) Football Game at (locations) Niceville High School Niceville Florida on (date) 9/25/2026 for the purpose of Football Game and Halftime Performance.

I/We, understand that the student will be supervised by (number of anticipated chaperones) 20.

I/We, understand the method of transportation will be:
School Bus X Charter Bus X Rental Vehicle X Private Vehicle X Walking

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 to my 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, on behalf of ourselves, our heirs, executors, successors, and assigns, in consideration of my/our child participating in the off-campus school activity, release and agree to save and hold harmless the School Board of Escambia County, Florida, its agents, servants, employees and successors from any activity and from the obtaining of and consenting 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 or our property resulting from such participation. We attest and affirm that the participant is physically fit and able to participate in the activity and we have not been advised or informed by anyone to the contrary.

In the event of an accident requiring emergency care, a reasonable effort will be made to notify the parent/guardian if practicable. By the signature below, the parent/guardian hereby authorizes any emergency medical treatment and/or hospitalization deemed necessary by emergency response or medical personnel. **A copy of this permission form will accompany the activity sponsor. A copy of this permission form must be retained by the sponsor based on the State Retention Guidelines**

List any activities in which student cannot participate:

_____

_____ _____
Signature of Parent or Guardian Date

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OFF-CAMPUS ACTIVITY TRIP PARENTAL CONSENT & RELEASE

For out-of-county, out-of-state, and overnight trips beyond the normal school day.

Complete both sections (two pages)

SECTION I

I/We, hereby grant permission for (student name) _____ to

participate in (type activity) Bands of America Marching Band Competition, an off-campus school activity, at

(locations) Chattanooga, Tennessee

From (date/time) 10/2/2026-10/4/2026 to (date/time) Various

I/We, understand that the student will be supervised by (number of anticipated chaperones) 20.

I/We, understand the method of transportation will be:
School Bus – Charter Bus x Rental Vehicle – Private Vehicle – Walking

See attached trip itinerary for details on types of establishments to be visited.

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 to my 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, on behalf of ourselves, our heirs, executors, successors, and assigns, in consideration of my/our child participating in the off-campus school activity, release and agree to save and hold harmless the School Board of Escambia County, Florida, its agents, servants, employees and successors from any activity and from the obtaining of and consenting 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 or our property resulting from such participation. We attest and affirm that the participant is physically fit and able to participate in the activity and we have not been advised or informed by anyone to the contrary.

In the event of an accident requiring emergency care, a reasonable effort will be made to notify the parent/guardian if practicable. By the signature in Section II, the parent/guardian hereby authorizes any emergency medical treatment and/or hospitalization deemed necessary by emergency response or medical personnel. **A copy of this permission form will accompany the activity sponsor. A copy of this permission form must be retained by the sponsor based on the State Retention Guidelines.** Requests for accommodations and modifications may be made with the trip sponsor.

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OFF-CAMPUS DAY ACTIVITY TRIP PARENTAL CONSENT & RELEASE

For local area trips (Escambia, Santa Rosa, Okaloosa) within the normal school day.

I/We, hereby grant permission for (student name) _____ to participate in an off-campus school activity of (type activity) Marching Band Competition at (locations) Choctaw High School on (date) 10/10/2026 for the purpose of District 1 Marching Band MPA.

I/We, understand that the student will be supervised by (number of anticipated chaperones) 20.

I/We, understand the method of transportation will be:
School Bus X Charter Bus X Rental Vehicle X Private Vehicle X Walking

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 to my 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, on behalf of ourselves, our heirs, executors, successors, and assigns, in consideration of my/our child participating in the off-campus school activity, release and agree to save and hold harmless the School Board of Escambia County, Florida, its agents, servants, employees and successors from any activity and from the obtaining of and consenting 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 or our property resulting from such participation. We attest and affirm that the participant is physically fit and able to participate in the activity and we have not been advised or informed by anyone to the contrary.

In the event of an accident requiring emergency care, a reasonable effort will be made to notify the parent/guardian if practicable. By the signature below, the parent/guardian hereby authorizes any emergency medical treatment and/or hospitalization deemed necessary by emergency response or medical personnel. **A copy of this permission form will accompany the activity sponsor. A copy of this permission form must be retained by the sponsor based on the State Retention Guidelines**

List any activities in which student cannot participate:

_____

_____ _____
Signature of Parent or Guardian Date

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OFF-CAMPUS ACTIVITY TRIP PARENTAL CONSENT & RELEASE

For out-of-county, out-of-state, and overnight trips beyond the normal school day.

Complete both sections (two pages)

SECTION I

I/We, hereby grant permission for (student name) _____ to

participate in (type activity) Marching Band Competition, an off-campus school activity, at

(locations) Daphne High School Daphne Alabama

From (date/time) 10/24/2026 to (date/time) 9:00AM-11:00PM

I/We, understand that the student will be supervised by (number of anticipated chaperones) 20.

I/We, understand the method of transportation will be:
School Bus – Charter Bus x Rental Vehicle – Private Vehicle – Walking

See attached trip itinerary for details on types of establishments to be visited.

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 to my 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, on behalf of ourselves, our heirs, executors, successors, and assigns, in consideration of my/our child participating in the off-campus school activity, release and agree to save and hold harmless the School Board of Escambia County, Florida, its agents, servants, employees and successors from any activity and from the obtaining of and consenting 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 or our property resulting from such participation. We attest and affirm that the participant is physically fit and able to participate in the activity and we have not been advised or informed by anyone to the contrary.

In the event of an accident requiring emergency care, a reasonable effort will be made to notify the parent/guardian if practicable. By the signature in Section II, the parent/guardian hereby authorizes any emergency medical treatment and/or hospitalization deemed necessary by emergency response or medical personnel. **A copy of this permission form will accompany the activity sponsor. A copy of this permission form must be retained by the sponsor based on the State Retention Guidelines.** Requests for accommodations and modifications may be made with the trip sponsor.

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OFF-CAMPUS DAY ACTIVITY TRIP PARENTAL CONSENT & RELEASE

For local area trips (Escambia, Santa Rosa, Okaloosa) within the normal school day.

I/We, hereby grant permission for (student name) _____ to participate in an off-campus school activity of (type activity) Parades at (locations) Downtown Pensacola on (date) _____ for the purpose of Veterans Day Parade, Christmas Parade , MLK Parade 11/11/26,12/12/26, 1/18/27.

I/We, understand that the student will be supervised by (number of anticipated chaperones) 20.

I/We, understand the method of transportation will be:
School Bus X Charter Bus X Rental Vehicle X Private Vehicle X Walking

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 to my 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, on behalf of ourselves, our heirs, executors, successors, and assigns, in consideration of my/our child participating in the off-campus school activity, release and agree to save and hold harmless the School Board of Escambia County, Florida, its agents, servants, employees and successors from any activity and from the obtaining of and consenting 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 or our property resulting from such participation. We attest and affirm that the participant is physically fit and able to participate in the activity and we have not been advised or informed by anyone to the contrary.

In the event of an accident requiring emergency care, a reasonable effort will be made to notify the parent/guardian if practicable. By the signature below, the parent/guardian hereby authorizes any emergency medical treatment and/or hospitalization deemed necessary by emergency response or medical personnel. **A copy of this permission form will accompany the activity sponsor. A copy of this permission form must be retained by the sponsor based on the State Retention Guidelines**

List any activities in which student cannot participate:

_____

_____ _____
Signature of Parent or Guardian Date

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OFF-CAMPUS DAY ACTIVITY TRIP PARENTAL CONSENT & RELEASE

For local area trips (Escambia, Santa Rosa, Okaloosa) within the normal school day.

I/We, hereby grant permission for (student name) _____ to participate in an off-campus school activity of (type activity) Jazz Band MPA at (locations) Pensacola State College on (date) 2/19/2027 for the purpose of District 1 Jazz Band MPA.

I/We, understand that the student will be supervised by (number of anticipated chaperones) 20.

I/We, understand the method of transportation will be:
School Bus X Charter Bus X Rental Vehicle X Private Vehicle X Walking

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 to my 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, on behalf of ourselves, our heirs, executors, successors, and assigns, in consideration of my/our child participating in the off-campus school activity, release and agree to save and hold harmless the School Board of Escambia County, Florida, its agents, servants, employees and successors from any activity and from the obtaining of and consenting 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 or our property resulting from such participation. We attest and affirm that the participant is physically fit and able to participate in the activity and we have not been advised or informed by anyone to the contrary.

In the event of an accident requiring emergency care, a reasonable effort will be made to notify the parent/guardian if practicable. By the signature below, the parent/guardian hereby authorizes any emergency medical treatment and/or hospitalization deemed necessary by emergency response or medical personnel. **A copy of this permission form will accompany the activity sponsor. A copy of this permission form must be retained by the sponsor based on the State Retention Guidelines**

List any activities in which student cannot participate:

_____

_____ _____

Signature of Parent or Guardian Date

THE SCHOOL DISTRICT OF ESCAMBIA COUNTY

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OFF-CAMPUS DAY ACTIVITY TRIP PARENTAL CONSENT & RELEASE

For local area trips (Escambia, Santa Rosa, Okaloosa) within the normal school day.

I/We, hereby grant permission for (student name) _____ to participate in an off-campus school activity of (type activity) Concert Band MPA at (locations) Pensacola High School Or Fort Walton Beach High School on (date) 3/4/2027 or 3/6/2027 for the purpose of District 1 Concert Band MPA.

I/We, understand that the student will be supervised by (number of anticipated chaperones) 5.

I/We, understand the method of transportation will be:
School Bus X Charter Bus X Rental Vehicle X Private Vehicle X Walking

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 to my 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, on behalf of ourselves, our heirs, executors, successors, and assigns, in consideration of my/our child participating in the off-campus school activity, release and agree to save and hold harmless the School Board of Escambia County, Florida, its agents, servants, employees and successors from any activity and from the obtaining of and consenting 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 or our property resulting from such participation. We attest and affirm that the participant is physically fit and able to participate in the activity and we have not been advised or informed by anyone to the contrary.

In the event of an accident requiring emergency care, a reasonable effort will be made to notify the parent/guardian if practicable. By the signature below, the parent/guardian hereby authorizes any emergency medical treatment and/or hospitalization deemed necessary by emergency response or medical personnel. **A copy of this permission form will accompany the activity sponsor. A copy of this permission form must be retained by the sponsor based on the State Retention Guidelines**

List any activities in which student cannot participate:

_____

_____ _____

Signature of Parent or Guardian Date

THE SCHOOL DISTRICT OF ESCAMBIA COUNTY, FL
Off Campus School Field Trip
Medical Treatment Authorization Form

School: J.M. Tate High School **Activity:** Band **Date/s:** 2026/2027 **Location:** Various Locations

Student Name: _____ **DOB:** _____

Parent/Guardian Name: _____ **Address:** _____

Home Phone No. : _____ **(Cell)** _____ **(Work)** _____

Person to contact in case of emergency if parent cannot be reached:

Name: _____ **Relationship to Student:** _____

Home Phone No. : _____ **(Cell)** _____ **(Work)** _____

MEDICAL INFORMATION

Name local primary physician: _____ **Phone No. :** _____

Medical Insurance Company and Policy No. : _____

List Allergies: _____ **Date of last tetanus shot:** _____

List Health Conditions that may affect emergency treatment: _____

List prescription medications that must be administered during trip: _____

- Provide a school district Authorization for Prescription Medication Administration form for each medication in the original, pharmacy-labeled container.
- Provide school district's Authorization for Non-Prescription Medication form for each medication that may be administered, if needed, **limited to**: Acetaminophen, Calcium Carbonate, and/or Ibuprofen.

List any activities in which student cannot participate: _____

Authorization and Release:
I, the undersigned lawful parent/guardian of _____, do hereby grant permission for my child to participate in the above listed activity. I do hereby release and agree to indemnify, defend, save, and hold harmless the School Board of Escambia County, FL, its agents, including Escambia County Health Department personnel, servants, employees, and successors, from any and all responsibility and liability arising out of my child's participation, directly or indirectly, in this activity, including travel to and from the event. I further release and agree to indemnify, defend, save, and hold harmless the School Board of Escambia County, FL, its agents, servants, employees, and successors, from any and all responsibility and liability arising out of the administering of first aid or obtaining and consenting to first aid or emergency medical care. I specifically acknowledge that I am responsible for all medical, surgical, and transportation costs if incurred by my child. I understand that the School Board, its employees or agents including the chaperones shall not be held liable for any personal injury or illness of my child.

_____ _____
Parent/Guardian Signature **Date**

NOTARY: **NOTARY STAMP**
Signed before me this _____ day of _____ 20 _____ Identification
_____ Known by me

Signature of Notary _____