

**ON/OFF-CAMPUS SCHOOL ACTIVITY**

**TO: Parent/Guardian**

**FROM: School Principal**

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF OKALOOSA COUNTY SCHOOL DISTRICT, ITS SCHOOL BOARD, ITS EMPLOYEES, AGENTS OR ASSIGNS USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM OKALOOSA COUNTY SCHOOL DISTRICT, ITS SCHOOL BOARD, ITS EMPLOYEES, AGENTS OR ASSIGNS IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND OKALOOSA COUNTY SCHOOL DISTRICT, ITS EMPLOYEES, AGENTS OR ASSIGNS HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

All Students participating in off-campus school sponsored activities shall have the "ON/Off-Campus School Activity" form completed and signed by a parent or guardian. This form shall accompany the sponsor(s) to the off-campus activity(s) and should be completed as follows:

- A.  **Student activities in-county/off-campus:** Parent or guardian shall complete the parent permission portion of the form for each activity. The form is not required to be notarized for in-county on/off-campus activities.
- B.  **Student activities requiring off-campus/out-of-county travel:** Parent or guardian shall complete the form in its entirety and have the form notarized for each activity, unless the form has previously been under the multiple off-campus activities guidelines.
- C.  **Student Activities requiring multiple off-campus/out-of-county travel:** Parent or guardian shall complete the form in its entirety and have the form notarized. Completion of the form may be used for all related activities (example: band trips scheduled for the school year).

**PARENT/GUARDIAN COMPLETE FOR A, B, AND/OR C.**

Your son/daughter is eligible to participate in a school-sponsored activity requiring transportation to a location away from the school building. This activity will take place under the guidance and supervision of employees from \_\_\_\_\_ School. A brief description of the activity follows:

Name of Event: \_\_\_\_\_ Destination: \_\_\_\_\_  
Designated Supervisor of Activity \_\_\_\_\_  
Date and Time of Departure \_\_\_\_\_ Date and Anticipated Time of Return \_\_\_\_\_  
Student Cost \_\_\_\_\_ Method of Transportation \_\_\_\_\_

If you would like your child to participate in this school activity, please complete, sign, and return the following statement of consent by \_\_\_\_\_ (date). As parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named student.



**NOTARY REQUIRED FOR "B" And/Or "C"**

**STATE OF FLORIDA  
COUNTY OF OKALOOSA**

The foregoing instrument was acknowledged before me this \_\_\_\_\_ by \_\_\_\_\_  
Date Name of Person Acknowledged

who is personally known to me or has produced \_\_\_\_\_  
Type of Identification  
as identification and who did/did not take an oath.

\_\_\_\_\_  
Signature of person Taking Acknowledgment Name of Acknowledger Typed, Printed or Stamped

**TO BE COMPLETED AT THE OPTION OF THE SCHOOL FOR SECONDARY STUDENTS**

Students Name: \_\_\_\_\_ Date \_\_\_\_\_  
Last/First/Middle

I request to be released from the following classes to go to \_\_\_\_\_

**TO BE COMPLETED BY THE TEACHERS  
GOOD STANDING**

			<b>Absence</b>	<b>Approved</b>
<b>YES</b>	<b>NO</b>	<b>PERIOD</b>	<b>YES</b>	<b>NO</b>
<input type="checkbox"/>	<input type="checkbox"/>	1. _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	2. _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	3. _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	4. _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	5. _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	6. _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	7. _____	<input type="checkbox"/>	<input type="checkbox"/>

To be submitted to the sponsor in charge of this off-campus activity.