

Sarasota School of Arts and Sciences

717 Central Avenue

Sarasota, FL 34236

Phone: 941-330-1855 / FAX: 941-330-1835

MEDICAL RELEASE FORM FOR OUT-OF-COUNTY OR OVERNIGHT TRAVEL

Instructions: Form must be signed and notarized.

Name of Student (Please Print): _____ Grade : _____
Last First Middle

Address: _____ Date Of Birth: _____

Home Phone : _____ Parent's Work Phone: _____ Cell Phone: _____

Other Emergency Contact Name: _____ Phone : _____

Medical Insurance Carrier: _____ Policy Group Number: _____

This application to travel and participate in activities or events sponsored by the Sarasota School of Arts and Sciences is entirely voluntary on our part. It is also agreed that we will abide by all the rules set down by Sarasota School of Arts and Sciences and their sponsor, the School Board of Sarasota County. Sarasota School of Arts and Sciences, and their sponsor, the School Board of Sarasota County, desire that students and parents or guardians of students have a thorough understanding of the implications involved in a student participating in a voluntary extracurricular activity. For this reason it is required that each student enrolled in Sarasota School of Arts and Sciences, his/her parents / guardians, read, understand, and sign this agreement prior to the student being allowed to participate in any out-of-county or overnight school field trip.

1. I/We, the undersigned, as parent, parents, or guardian, give my/our consent for the student identified herein to participate in this activity as a representative of his/her school.
2. I/We will not hold Sarasota School of Arts and Sciences, nor their sponsor, the School Board of Sarasota County, nor anyone acting on its behalf, responsible or liable for any injury occurring to the named student in the course of such activities or such travel. I/We release Sarasota School of Arts and Sciences, and their sponsor, the School Board of Sarasota County, its employees, and agents from all claims, costs, trips or extracurricular activities, including any claims, costs or damages arising from the negligence of Sarasota School of Arts and Sciences, and their sponsor, the School Board of Sarasota County, its agents, or employees.
3. I/We understand that school officials will complete accident insurance forms, if the student has school insurance, after which all claims under insurance policy, or policies, for injuries received while participating in school events, shall be processed by the student, his/her parents / guardians through the company agent handling the student's insurance policy, and not through the school officials.
4. I/We hereby accept financial responsibility for equipment or instruments lost by the student identified herein.
5. I/We authorize the school to transport and to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student in the course of such activities or such travel. I/We also agree that the expenses for such transportation and treatment shall not be borne by the school, its sponsor, or its employees.
6. I/We accept full responsibility and hereby grant permission for my son/daughter to travel on any approved school related trip. This statement remains in effect until the end of this school year unless cancelled by me in writing to the school.

Parent/Guardian Signature: _____ Date: _____

State of Florida:
County of Sarasota

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____ by _____
(Name of Person Making Statement)

The foregoing instrument was acknowledged by:

_____ Personally known to me, or

_____ Produced Identification / Type of Identification Produced: _____

Notary Public Signature: _____ Name of Notary Public: Print, Stamp, or Type as Commissioned: _____

My Commission Expires: _____ Commission Number: _____

TURN OVER – 2 sided form