

Santa Rosa County School District
Parental Authorization for Student Participation in Off-Campus Activity
School Name **GULF BREEZE HIGH**

72-03-30
08/12/05

Name of Activity/Event: ALL ATHLETIC ACTIVITES Date(s): 2018-2019

Student's Name: _____ Teacher's Name: _____

Name of Parent/Guardian: _____ Phone Number: _____

A. Parental Permission

I understand that my son/daughter is not required to attend this off campus activity and in consideration of being permitted to attend I hereby give permission for participation in the above named off-campus activity/event. I hereby agree to release the Santa Rosa County School Board and its officials, officers and employees, from liability for any and all claims of injury which might occur while my son/daughter is participating in this activity/event.

B. Emergency Medical Authorization

Should a medical emergency arise while my son/daughter is participating in this activity/event, I will be notified at the above number in order to approve medical treatment. In the event that I or one of the emergency contacts listed below cannot be reached, I give permission for immediate treatment as required in the judgment of the attending physician.

Emergency Contact: _____ Phone Number: _____
Emergency Contact: _____ Phone Number: _____

C. Transportation Permission

Please check all modes of transportation your child is permitted to use for this activity/event.

- _____ Ride school bus
- _____ Drive vehicle
- _____ Drive vehicle and carry student passengers
- _____ Ride in a vehicle driven by an adult
- _____ Ride in a vehicle driven by another student
- _____ Ride a bicycle
- _____ Walk

REQUIRED TO BE SIGNED IN THE PRESENCE OF A NOTARY	
Signature of Parent/Guardian	Date
STATE OF FLORIDA COUNTY OF SANTA ROSA	
Sworn and subscribed before me this _____ day of _____, 20__.	
Notary Public: _____	Person was: Personally known to me _____ Produced ID _____ Type ID _____ ID # _____