

THE SCHOOL BOARD OF SARASOTA COUNTY  
PUPIL SUPPORT SERVICES  
1960 Landings Boulevard Sarasota, Florida 34231-3331  
Telephone: (941) 927-9000

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

**THIS FORM MUST BE SIGNED AND NOTARIZED !**

Name Of Student (Please Print): \_\_\_\_\_ School Year: \_\_\_\_\_

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 County Schools is entirely voluntary on our part and is made with the understanding that we have not violated any of the eligibility rules and regulations of the Florida High School Activities Association or the Sarasota County Schools. It is also agreed that we will abide by all the rules set down by the School Board of Sarasota County, the Florida High School Activities Association, and the school.

The School Board of Sarasota County, its school principals and teachers, 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 in the Sarasota County Schools, his/her parent, parents, or guardian, read, understand, and sign this agreement prior to the student being allowed to participate in any out-of-county or overnight school 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 the School Board of Sarasota County, anyone acting in its behalf, or the Florida High School Activities Association responsible or liable for any injury occurring to the named student in the course of such activities or such travel. I/We release 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 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 parent, parents, or guardian 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 district 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.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

State of Florida:  
County of Sarasota

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_ 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: \_\_\_\_\_