



OFF-CAMPUS ACTIVITY
PARENTAL/GUARDIAN CONSENT FORM

SCHOOL: Murdock Middle School

SCHOOL #: 211

I/We hereby grant permission for _____ (Please Print Name of Student) to participate in an off-campus school activity: Port Charlotte High School, A Day in the Life of a Pirate. Date: 03/14/24

and to make incidental stops enroute when determined to be necessary or desirable. I/We understand the method of transportation will be:

School Bus _____

Private Vehicle _____

Walking X

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 the deductible amount when I/we purchased this policy.

I/we on behalf of myself/ourselves, our heirs, executors, successors, and assigns, consent 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/our child and our property resulting from such participation. I/We attest and affirm that the participant is physically fit and able to participate in the activity and I/we have not been advised or informed by anyone to the contrary. (SEE NOTE BELOW)

I/We further agree to inform the appropriate school official(s) should my/our child's physical condition change in any way and any time so as to affect his/her participation in the activity herein named.

Signature of Student

Signature of Parent

Date

Home Phone Number

Cell Phone Number

Alternative Phone Number

NOTE: IF THERE IS ANY PHYSICAL CONDITION TO THE CONTRARY, DESCRIBE IN THE MEDICAL INFORMATION SPACE BELOW:

This is very important in order to insure your child's well-being on the field trip. Please list any known allergic reactions (bees, ants, medications, etc.). Indicate any condition such as asthma, wheezing, heart disease, seizures, diabetes, muscular or skeletal problems, or any other medical condition you would like called to the school's attention. Feel free to call the school in advance of the activity date to discuss any specific health problems.

