The Villages Charter Elementary School

✔ OFF CAMPUS

ON OR OFF-CAMPUS SCHOOL ACTIVITY

PARENT CONSENT/LIABILITY WAIVER/MEDICAL RELEASE

Supervising Faculty Member: Mrs. Davis, Mrs. Hartley, Mrs. LaCoste, Mrs. Rowan, & Mrs. S. Williams Club/Group/Class: 5 th Grado Students Activity: Field Trip Location: Kennedy Space Center Date & Time of Departure: December 3, 2024 @ 1:30 PM @ Buffalo Ridge Campus & 2:00 PM @ Middleton & 2:00 PM @ Middle	Student:			School:	4 th & 5 th Grade Center & K-5 Middleton
Date & Time of Departure: December 3, 2024 @ 1:30 PM @ Buffalo Ridge Campus & 2:00 PM @ Middleton Campus Date & Time of Return: December 4, 2024 @ 5:00 PM @ Middleton Campus & 5:30 PM @ Buffalo Ridge Campus Method of transportation: 	Supervising Faculty Membe	er: Mrs. Davis, Mrs. Ha	artley, Mrs. LaCos	ste, Mrs. Rowan,	& Mrs. S. Williams
Date & Time of Return: December 4, 2024 @ 5:00 PM @ Middleton Campus & 5:30 PM @ Buffalo Ridge Campus Method of transportation:	Club/Group/Class: 5th Grad	de Students Activity:	Field Trip	Location: Kenne	edy Space Center
Parent will be responsible for getting student to and from said activity PARENT CONSENT/LABILITY WAIVER/MEDICAL RELASE I'We hereby give permission for my hold to accompany employees, agents and parents of the Villages Charter School, acting as chaperones, to <i>the field trip listed above_</i> for the days indicated above. I/We agree to release and hold harmless the Villages Charter School, ther agents (principle) or any accident or injury to my child that occurs while on <i>the field trip listed above_</i> for the days indicated above. I/We agree to release and hold harmless the Villages Charter School, there agents and parents accompanying the group, from any responsibility for any accident or injury to my child that occurs while on <i>the field trip listed above_</i> for the days indicated above. I/We agree to submit any medical bills incurred to my/our insurance company for payment. I/We further agree to indemnify and hold harmless, The Villages Charter School of Sumter, Florida, its agents or employees, for any property damages that outly the responsibility of the involved child and their parents or legal guardians. I/We have read all the information in regards to this trip. I am aware of guidelines of said trip and the number of chaperones which will accompany my child." I/We have read all the information in regards to this trip. I am aware of guidelines of said trip and the number of chaperones which will accompany my child." I/We have read all the information in regards to this consulting physicians, to render to my son/daughter any emergency treatment, medical or surgical care that might be deemed necessary to the head film and well-bened mecessary for the advint and accident, illness, injury or medical expense of and to my/our child and well-bened affirm that head previne training of such care, l/we grant permission for hospitalization at an accredited hospital. I/We tassume full responsibility and liability for any and all expenses, damage, accident, illness, injury or medical expen					
 UWe hereby give permission for my child to accompany employees, agents and parents of the Villages Charter School, acting as chaperones, to _<i>the field trip listed above_</i> for the days indicated above. I/We agree to release and hold harmless the Villages Charter School, their agents, employees and parents accompanying the group, from any responsibility for any accident or injury to my child that occurs while on <i>The field trip listed above_</i> for the days indicated above. I/We understand that under present law, if my/our child is riding in a private passenger automobile that 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 m/our insurance company for payment. I/We further agree to indemnify and hold harmless. The Villages Charter School of Sumter, Florida, its agents or employees, for any property damages or personal injury caused by my child whether individually or in concert with any other person or entity. Payment for any damages that cocur will be oblefy the responsibility of the involved child and their parents or legal guardinas. I/We have read all the information in regards to this trip. I am aware of guidelines of said trip and the number of chaperones which will accompany my child." I/We have read all the information in regards to this trip. I am aware of guidelines of said child. Also, when necessary for the administering of such care, I/we grant permission for hospitalization at an accredited hospital. I/We hereby grant permission for hospitalization at an accredited hospital. I/We hereby resulting from such participatication at a accredite dhospital. I/We hereby resulting from such participation. I/We attest and affirm that the participant has no limitation that should prevent participation in the activity and labilithy for any and all expenses dona dinditing that person ore e	Method of transportation:				
chaperones, to <i>the field trip listed above_</i> for the days indicated above. <i>IWe agree to release and hold harmless the Villages Charter School , their agents. employees and parents accompanying the group, from any responsibility for any accident or injury to my child that occurs while on <i>_the field trip listed above_</i> for the days indicated above. • UWe understand that under present law, if my/our child is riding in a private passenger automobile that is involved in an accident, he/she will be primarily covered for bodily injury under my/our family automobile policy, and <i>I</i>/we agree to submit any medical bills incurred to ms/our insurance company for payment. • <i>UWe further agree to indemnify and hold harmless,</i> The Villages Charter School of Sunter, Florida, its agents or employees, for any property damages that occur will be solely the responsibility of the involved child and their parents or legal guardians. • <i>IWe have read all the information in regards to this trip.</i> I am aware of guidelines of said trip and the number of chaperones which will accompany my child. • <i>IWe have read all the information in regards to this trip.</i> I am aware of guidelines of said trip and the number of chaperones which will accompany my child. • <i>IWe have read all the information in regards to this trip.</i> I am aware of guidelines of said trip and the number of chaperones which will accompany my child. • <i>IWe have read all the information in regards to this trip.</i> I am aware of guidelines of said trip. All, so, when necessary for the administering of such care, <i>I/we grant permission for hospitalization at an accredite thospital.</i> • <i>IWe assume full responsibility of the any and and all expenses, damage, accident, illness, injury or medical expense of and to my/our child responsibility and <i>I/we have not been advised or informed by anyone to the contray.</i> • <i>I/We further agree to inform that the appropriate school official(s) should my/our child's physical condition change in any way and any time so as to affect his/h</i></i></i>					
Home Telephone # Work Telephone # Pager / Cell Telephone # Emergency Telephone # Parent Signature / Date Home Address / City / Zip Home Address / City / Zip THIS BOX MUST BE COMPLETED BY PARENT ONLY IF STUDENT IS GOING OVER 100 MILES FROM CAMPUS OR OVERNIGHT! Parent/Guardian Signature Date MOTARY STATEMENT: STATE OF FLORIDA, COUNTY OF	chaperones, to <u>the field trip liss</u> their agents, employees and pare <u>the field trip listed above</u> for I/We understand that un he/she will be primarily covered to my/our insurance company for I/We further agree to in property damages or personal in damages that occur will be solel I/We have read all the will accompany my child." I/We hereby grant per treatment, medical or surgical ca administering of such care, I/we I/We assume full respon my/our child or our property resp participation in the activity and I/We further agree to in any time so as to affect his/her p	sted above_ for the days ind ents accompanying the grou the days indicated above. under present law, if my/our d for bodily injury under my or payment. indemnify and hold harmles njury caused by my child wl ly the responsibility of the i e information in regards to the mission to the attending phy are that might be deemed no e grant permission for hospi onsibility and liability for a sulting from such participati I/we have not been advised inform that the appropriate participation in the activity h	licated above. I/We a up, from any respons r child is riding in a y/our family automol ss, The Villages Chai hether individually o nvolved child and th his trip. I am aware ysician or his consul ecessary to the health talization at an accre ny and all expenses, ion. I/We attest and or informed by anyo school official(s) sho herein named	gree to release and h ibility for any accide private passenger aut bile policy, and I/we refer School of Sumte r in concert with any eir parents or legal g of guidelines of said ting physicians, to re- n and well-being of s dited hospital. damage, accident, il affirm that the partic one to the contrary. buld my/our child's p	hold harmless the Villages Charter School, ent or injury to my child that occurs while on tomobile that is involved in an accident, agree to submit any medical bills incurred er, Florida, its agents or employees, for any y other person or entity. Payment for any guardians. I trip and the number of chaperones which ender to my son/daughter any emergency said child. Also, when necessary for the Ilness, injury or medical expense of and to eipant has no limitation that should prevent ohysical condition change in any way and
Parent Signature / Date Home Address / City / Zip THIS BOX <u>MUST</u> BE COMPLETED BY PARENT ONLY IF STUDENT IS GOING OVER 100 MILES FROM CAMPUS OR OVERNIGHT! (must be signed and dated in the presence of a notary)	My Student has medical insur	ance: Yes No	Insurance Co:		Policy #:
THIS BOX <u>MUST</u> BE COMPLETED BY PARENT ONLY IF STUDENT IS GOING OVER 100 MILES FROM CAMPUS OR OVERNIGHT! (must be signed and dated in the presence of a notary)	Home Telephone #	Work Telephone #	Pager / C	ell Telephone #	Emergency Telephone #
CAMPUS OR OVERNIGHT! (must be signed and dated in the presence of a notary) Parent/Guardian Signature Date NOTARY STATEMENT: STATE OF FLORIDA, COUNTY OF On the of, before me, by means of physical presence, personally appeared , personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the instrument and acknowledged to me that he/she executed the same in his/her authorized capacity and that by his/her signature on the instrument, the person or the entity upon behalf of which the person acted, executed the same in the	Parent Signature / Date	Home Addr	ress / City / Zip		
and correct. WITNESS my hand and official seal.	CAMPUS OR OVERN (must be signed and dated in NOTARY STATEMENT: S On the of the person whose name is s capacity and that by his/her instrument. I certify under	IGHT! in the presence of a notation STATE OF FLORIDA, C 2020, bu 20, per subscribed to the instrumer r signature on the instrumer PENALTY OF PERJUR	Parent/Guardi Parent/Guardi COUNTY OF efore me, by mean rsonally known to ent and acknowled ment, the person or	an Signature s of physical prese me or proved to m ged to me that he/ the entity upon be	Date Date ence, personally appeared e on the basis of satisfactory evidence to be she executed the same in his/her authorized shalf of which the person acted, executed th
WITNESS my hand and official seal: [seal]					