Charlotte County Public School, Florida

**Off-Campus Secondary Activity – Parental / Guardian Consent Form**

Name of School: **PORT CHARLOTTE HIGH SCHOOL** School #: 151

I / We hereby grant permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of Student

to participate in the following an off-campus activity:

**Grad Bash, UNIVERSAL/ISL. of ADVENTURE, Orlando, Florida on Friday, Apr 17th 2020**

 Activity Location Date

I/We understand the method of transportation will be **Charter Bus.**

I / We understand that under present law, if my/our child is riding in a private passenger vehicle 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 the policy.

I / We on behalf of 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 or 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.

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 Date Signature of Parent Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Home Address Parent or Guardian Telephone Number (Emergency)**

**“YOUR” CELL PHONE NUMBER WHILE AT GRAD BASH**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* If you do not have a cell phone, please list the name and number of the person you will be with at Grad Bash on the line above.

**MEDICAL INFORMATION**

**No medication of any kind is allowed at Grad Bash unless this portion of the form is completed.** This is very important! It is included to assist the Activity Directors / Teachers in assuring your child’s well-being. Please list any known allergic reactions (bees, ants, medication, 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. **All needed medications MUST be listed below!!!**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The medical information listed above will be submitted to Grad Bash/Universal in advance, and a special medication document will be issued to any person who will need to take any medications during the event.