



Career & Technical Education
Travel Authorization Form

To: Parents of all Career & Technical Student Organization (CTSO) Members

From: _____, Approved by: _____
CTSO Advisor Principal/Designee

Subject: Travel Authorization for School Year _____, CTSO: _____

Attached hereto and made a part hereof is a list of anticipated intra-curricular events for students in this Career & Technical Student Organization (CTSO). These events are required as a part of their learning experiences in the Career & Technical Education Program. There may be impromptu business and social meetings that are not on the attached list. This permission slip covers all school related trips taken by students in the CTSO. Please sign the form below so that your son/daughter may attend these events.

Permission to Participate

(Student's Name) has my permission to attend the listed events which have previously been approved by the school. It is my understanding that trips will be properly chaperoned, that all necessary precautions will be taken by the school and the School Board of Alachua County for the welfare of my child, and beyond this I agree that the school and those supervising will not be held responsible in the event of injury to my son/daughter.

I understand that my child's participation in the activity is a privilege, and not a right. I acknowledge that I have spoken with my child about my child's need to comply with the specific rules and requirements established for this activity; all school/district policies and procedures; rules of conduct set forth in the Student Code of Conduct; and, state and federal regulations and laws. I understand that all District rules and policies apply to my child and the other students during the course of the field trip.

I, the undersigned, as parent or guardian, give consent for the participant identified herein to engage in activities as a representative of (School Name) and to accompany the CTSO as a member on its trips.

Travel Permission and Waivers

I also understand that private drivers, a teacher, an administrator, or the parent of another student participating in the activity, may be used to transport students to and from the activity. The owner of the vehicle must carry bodily injury insurance. The District's insurance does not cover damages arising from, or related to, the operation of any private vehicle, failure to follow the directed driving route, or any personal negligence related to this activity. Any damages/harm resulting from a parent/guardian/or other designated driver, arising from the operation of a motor vehicle in relation to the above listed activity, is hereby waived. Please initial on the three spaces to the left of each statement below to acknowledge your acceptance:

[] I give permission for my child to ride in a vehicle driven by a teacher, an administrator, sponsor, or parent of another student to the activity.

[] I also understand that I have the ability to refuse to sign this Form. In addition, if I refuse to sign, my child will not be permitted to participate in the activity.

[] I also understand that this field trip may expose my child to some risks and I assume any such risk that may arise there from. I accept full responsibility for all medical expenses for any injuries that might occur to my child by reason of his/her participation.

By signing this form, however, I hereby release the school, its Board, its Board members, administrators, directors, officers, teachers, employees, agents, assigns, and volunteers ("released parties") from and against any and all claims, demands, actions, complaints, suits or other forms of liability that any of them may sustain (a) arising out of my child's failure to comply with local, state, and federal laws and District policies, procedures, and the Code of Conduct; (b) arising out of any damage or injury caused by my child; or, (c) arising out of a parent/guardian/or other designated driver's operation of a motor vehicle in relation to this activity. I also agree to indemnify and hold harmless the released parties from the released claims, including any and all related costs, attorney fees, liabilities, settlements, and/or judgments.

Signature: _____ Relationship: _____ Date: _____

Medical Release

Instructions to Parent/Guardian: Complete form, sign in the presence of Notary Public as witness.

I, the undersigned, as the parent and/or legal guardian of _____ hereby consent to any and all medical and surgical treatments, including anesthesia and operations which may be deemed advisable by any qualified physician selected by agents or officials of Alachua County Public Schools. The intention is to grant authority to administer and to perform any examination, treatment, anesthesia, operation, and diagnostic procedure which may now or during the course of the patient's care be deemed advisable or necessary by any qualified physician. No action shall be taken until an attempt is made to contact me at the number(s) listed below.

Approved:

<i>Signature of Parent/Legal Guardian</i>	<i>Printed Name</i>	<i>Relationship</i>
<i>Street Address</i>	<i>City, State, Zip</i>	<i>Date</i>
<i>Home Phone</i>	<i>Work Phone</i>	<i>Other Phone</i>

Medical Insurance Information:

<i>Name of Company</i>	<i>Policy Number</i>	<i>Contract Number</i>
<i>Street Address</i>	<i>City/State/Zip</i>	
<i>Current Medications</i>		
<i>Are there any medical conditions or disabilities we should be made aware of</i>		

Notarization

Sworn to and subscribed before me on this the _____ Day of _____, 20____

Notary Public
State of Florida at Large
My Commission Expires: _____