

**PARENT/GUARDIAN  
INFORMED CONSENT FOR FIELD TRIP**

Please return this form WITH  
payment to Ms. Wnukowski in room  
129 by April 4<sup>th</sup>! SEATS ARE  
LIMITED!!!!

Student Name \_\_\_\_\_ School Indian Trails Middle School DOB \_\_\_\_\_

**General Information**

The **8<sup>th</sup> grade class** is planning a trip to **Islands of Adventure**

The purpose of this trip is **8<sup>th</sup> Grade Class Trip**

Trip Destination **Islands of Adventure (Orlando, FL)**

Phone No. **(407) 224-4233**

Teachers In Charge: **Amy Wnukowski**

Cost: **\$85.00 (Non-Refundable)** Checks should be made payable to **ITMS**

Trip Date: **Monday, May 21st, 2018** Time of Departure: **7:30 A.M.** Aproximate Time of Return: **7:30 P.M.**

**Questions? Contact Amy Wnukowski at wnukowskia@flaglerschools.com**

**Type of Transportation**

District Vehicle  Commercial Transportation  District Bus  Other (explain) \_\_\_\_\_

**Medical Information**

The following special health problems should be noted and adequate precautions taken (list such items as unusually severe reaction to bee stings, other severe allergies, hemophilia, diabetes, heart disease, etc.) \_\_\_\_\_

List problems (s) and date(s) of operations, injuries, major illness or immunizations in the last 12 months \_\_\_\_\_

Does the Student wear glasses or contacts? \_\_Y\_\_N Hearing Aid? \_\_Y\_\_N Date of last Tetnus Injection(If known) \_\_\_\_\_

Allergies to the following medications. \_\_\_\_\_

The following medications, prescriptions or special diets are needed: \_\_\_\_\_

**Medical Release & Authorization While on FieldTrip**

**In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent/guardian immediately. However, if I am not available, I authorize the school district to secure emergency medical care as needed.**

Does your child have Medical Insurance coverage?  yes  no Policy# \_\_\_\_\_

It is recommended that all students have medical or student accident insurance.

Student accident insurance is available through \_\_\_\_\_ . Contact the school office for details.

Name of Preferred Doctor \_\_\_\_\_ Phone No.(\_\_\_\_\_) \_\_\_\_\_

Name of Preferred Dentist \_\_\_\_\_ Phone No.(\_\_\_\_\_) \_\_\_\_\_

Name of Insurance Carrier \_\_\_\_\_ Policy No. \_\_\_\_\_

*By this consent, I hereby release and discharge the School Distict of Flagler Couty, Florida, from all liabilities, claims and demands of whatever kind or nature that may arise or be connected with the child's participation in traveling to or returning from such activity, that is caused by the act or omission of persons other than agents or employees of the school district. This consent does not release the school district from any liabilities, duties or responsibilities for the acts or omissions of its own agents or employees imposed by any laws, regulations or policies. I authorize a representative of the school named above to see that my child receives any emergency medical treatments that may become reasonably necessary, while child is on said field trip in/out of Flagler County. Payment of all charges incurred for medical treatment is guarantted by me or the insurance company providing coverage for my child.*

Parent/Guardian Name \_\_\_\_\_ Day Phone (\_\_\_\_\_) \_\_\_\_\_

Home Address \_\_\_\_\_ Evening Phone (\_\_\_\_\_) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Phone (\_\_\_\_\_) \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

\_\_Student will purchase lunch at park \_\_Student will bring lunch (Check One)

Please note that we are not bringing coolers to store lunches. Students who are bringing their lunches will be required to carry it with them in the park. **Do not pack perishable items.**

*Parent/ Guardian signature reflects their knowledge and approval of the activity described above. This form must be returned to school before the student is involved in the activity.*

**Mustang Success Teacher:** \_\_\_\_\_ **Room #** \_\_\_\_\_

**Student Cell Phone # if bringing a phone on the trip:** \_\_\_\_\_