

Santa Rosa County District Schools

Form D – Parental Consent & Release for
Charter Bus, Rental Vehicle, Private Vehicle or Walking Trips

I/We, hereby grant permission for (Student Name) _____ to participate in an off-campus school activity of (Activity Name) ALL SPORTS ACTIVITIES ~~at~~ WITH (location) GULF BREEZE HIGH SCHOOL on (date) 24-25 SCHOOL YEAR and to make incidental stops in route and return when determined to be necessary or desirable.


I/We, understand the method of transportation will be:

- Charter Bus Rental Vehicle Private Vehicle Walking
 Other (details): SCHOOL BUS


I/We, understand that under present law, if my 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 that deductible amount when I/we purchased the policy.

I/We, on behalf of ourselves, in consideration of my/our child participating in the off-campus school activity, release and agree to save and hold harmless the School Board of Santa Rosa County, Florida, its agents, servants, and employees from any activity and from the obtaining of and consenting 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/child or our property resulting from such participation. We attest and affirm that the participant is physically fit and able to participate in the activity and we have not been advised or informed by anyone to the contrary.

In the event of an accident requiring emergency care, a reasonable effort will be made to notify the parent/guardian if practicable. By the signature below, the parent/guardian hereby authorizes any emergency medical treatment and/or hospitalization deemed necessary by emergency response or medical personnel.



Parent/Guardian Printed Name



Parent/Guardian Signature

Date