**Student Field Trip Permission** Student Name:

Cost to Student: None (donations only) Permission Form Deadline: 9/12/2018

Club/Class/Group: Interact Club/ School wide Responsible Faculty/Staff Attendee: Debbie Kohuth/Leslie Judd

Field Trip Destination, City, State: Flagler Park, Stuart - 201 SW Flagler Ave, Stuart, FL 34994

Date: Saturday, 9/15/18 Meet Time: 10:00 a.m. start/ 9 a.m. registration End Time: 12:00 p.m. Noon end of event

Other information: volunteer opportunity for Out of the Darkness Walk with Interact Club members and Rotary sponsors/ Clark students and supporters

Method of Transportation: [ ] MCSD Bus [ ] MCSD Van [ ] Charter Bus [x]  Parent/Student provided transportation

 [ ] Other (explain):

**A student’s teachers must complete this section for events occurring DURING THE SCHOOL DAY:**

|  |  |  |  |
| --- | --- | --- | --- |
| CLASS | GRADE | ABSENCES | TEACHER SIGNATURE (Comments) |
| 1. |  | Not Applicable |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |

In the event of emergency or medical need, I give permission for medical treatment. I release the following information about my child:

* Physical problems or limitations:
* Current Medication
* Drugs or other allergies
* Name and phone # of physician
* Student medical/liability insurance
* Name and phone # where parent may be reached
* Student cell phone number

I understand I am only permitted to participate in school approved activities that occur during school hours if I am maintaining a 2.0 or higher cumulative GPA and have satisfactory attendance. I understand it is my responsibility to make up all work missed during my absence. I will abide by all of the rules and policies stated in the Student Code of Conduct during this event/trip.

This event requires students to have received ***NO DISCIPLINE REFERRALS* *OR ATTENDANCE DISCIPINE* *IN 45 DAYS PRIOR TO THE FIELD TRIP***

Other:

**Student Signature Date**

The above named student has my permission to participate in this field trip activity.

1. As the parent or legal guardian of the above named student, I am authorized to sign this permission form.
2. I agree to release the Clark Advanced Learning Center and its representatives from any claim for personal injury or damages resulting from my student’s participation in educational field trip activities.
3. I understand that in the event of an emergency or medical need, I give my permission to have my child receive medical treatment by the best means available.
4. I agree that my child will abide by all of the rules and policies stated in the Student Code of Conduct during this event/trip.
5. I understand the activity, understand this permission form, and give my permission for my child’s participation.

**Parent Signature Date**

***Photo Release for IRSC***

**I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ guardian/parent of the above stated, give my permission for Indian River State College to use my child image(s)/photo(s)/video(s) for promotional purposes and hold IRSC harmless from any liability associated with its use.**

**Parent Signature Date**