

**Field Trip Approval Form**

**Release and Consent**

Student Name: \_\_\_\_\_ Date: March 6<sup>th</sup>, 2011

Mr. Donnan is planning an event at Crooms Academy on March 17<sup>th</sup>, 2011

from 6pm to 6am for the purpose of LAN Fest 2011

**Students will not miss any class time in order to attend this event.**

Your child \_\_\_\_\_ would like to participate in the event. This form is to be completed and returned to Mr. Donnan at least two days prior to the event.

- LANfest is an overnight gaming event that Crooms Academy is hosting after school on March 17th.
- LANfest features 11+ hours of multiplayer, solo, and social gaming in two computer labs and multiple classrooms.
- Tournaments will be held for specific games throughout the night with signups taking place early that night. Prizes will be awarded to the winners of each tournament.
- All you care to eat pizza, snacks, water and soda are all included in the purchase price. Energy drinks will be available for purchase.

**Parent Approval –**

I have reviewed my child’s progress, and having determined that this extracurricular activity is beneficial to my child, give my child permission for him/her to attend the event described above.

\_\_\_\_\_  
Parent’s Signature

\_\_\_\_\_  
Date

**THIS FORM MUST BE READ AND SIGNED BY PARENT(S) OR GUARDIAN(S) OF EVERY MINOR.**

Student Name: \_\_\_\_\_  
Last First MI

I/We do hereby approve of our child attending:  
Teacher Supervising Activity:  
Transportation provided by:

**I will pick up my child between 5:30am and 6:30am April 2<sup>nd</sup> 2010**

I/We acknowledge that Seminole County Public Schools are not liable for medical expenses, hospital expenses, or other such charges incurred for such services as may be rendered for or on behalf of my/our child as a result of injury or sickness. I/We understand that if my/our child is injured or becomes sick, Seminole County Public Schools, Florida will not be liable unless the injury or illness is the result of negligent conduct on the part of an employee of Seminole County Public Schools, Florida.

Child’s Allergies: \_\_\_\_\_

<u>PHYSICIAN INFORMATION</u>	
Child’s Physician: _____	
Address of Physician: _____ Phone Number: _____	
_____	

<u>MEDICAL INSURANCE INFORMATION</u>	
Medical Insurance Co.: _____	
Address: _____ Phone Number: _____	
Policy #: _____ Group #: _____	

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_ (and) Contact Person: \_\_\_\_\_