



DISTRICT SCHOOL BOARD OF PASCO COUNTY PARENT RELEASE

MIS Form #166
Rev. 02/23

TRANSPORTATION BY:

School Bus/Van X Walking X Charter X

Date of Field Trip 08/10/26 - 05/27/27 Sponsor PASCO K8 / ATHLETICS

In consideration of _____ having been accepted by the
Student Name - Please Print _____ Date of Birth _____
principal, teacher(s), or other personnel of PASCO K8 School of the District School

Board of Pasco County to go on a school sponsored trip to ATHLETIC EVENTS ,

and I, the undersigned, understand that my child, if transported by a charter bus, school bus/van or walking, hereby release the District School Board of Pasco County, the individual members of said Board, the Superintendent, the principal, teachers or other employees of the school, and volunteer leaders from any financial responsibility because of sickness of the student while going to, returning from, or attending said field trip or because of any accident in which the student is injured. To ensure prompt attention in case of sickness or accident, I hereby authorize the person(s) in charge of said trip to incur expenses considered necessary for treatment, and I agree to pay for same if this is in excess of the amount paid by any accident or health insurance policy that may be in effect at the time of the sickness or accident.

In any situation in which the safety and security of students might be compromised (e.g., Red Alert Status issued by the Department of Homeland Security, severe weather conditions, etc.) the District School Board of Pasco County will take the necessary steps to ensure the safety of its students and staff, including the cancellation of scheduled field trips and school events. Should this trip or event be cancelled as a result of such an event, the District cannot guarantee any monies (including deposits) will be refunded by the vendor(s) associated with this transaction. Therefore, students, parents, guardians, etc., are hereby cautioned and advised that the District will not be liable for any reimbursements associated with this event that are not refunded by the vendor(s) and returned to the District.

I have documented below all precautions/instructions regarding my child's medication. I have noted any special health related conditions or allergies regarding my child. I understand that the trained school employee who usually dispenses medication may or may not be present during the trip. Medications will be dispensed by a trained school employee (in accordance with Board Policy 5330).

Please list any medication(s) your child is currently taking (at home or school): (Dosages/Times)

Allergies: _____ Additional Health Concerns: _____

Name of Parent or Guardian – Please Print _____ Date _____

Signature of Parent or Guardian _____ Primary Phone _____ Alternate Phone _____ Business Phone _____

Street, Rural Route, or P.O. Box

City _____ State _____ Zip Code _____

Name of Additional Emergency Contact / Relationship to Student _____ Phone _____