The School Board of Seminole County

Release and Consent Form



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

I/We do hereby approve our child,______ to attend Hagerty Robotics Program Events & Competitions on 10/25/19 –7/1/20.

I/We acknowledge that the School Board of Seminole County, Florida is 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, the School Board of Seminole County, Florida, will not be liable unless the injury or illness is the result of negligent conduct on the part of an employee of the School Board of Seminole County, Florida.

Medical Information:	
Child's Allergies:	
Child's Physician:	Phone Number: ()
Medical Insurance Co.:	Policy Number:
Insurance Company's Address:	
Parent's or Guardian's Signature	Date
Home Phone Number: () Work Phone Number: ()	
Cell Phone Number: ()	, FL

Staff Directions:

- 1. If the activity is on a school day,
 - a. HHS School Sponsored Activity Form must accompany thisform,
 - b. Field Trip Form must be turned into Attendance seven days prior to trip,
 - c. And Field Trip form must be given to students' teachers 7 days prior to trip.
- 2. If the activity is not on a school day, this is the only form you need.
- 3. Make sure the project has been approved by the appropriate administrator.