

**Off Campus School Activity Parent/Guardian Consent and Release Form School
District of Clay County**

The undersigned Parent(s)/Guardian(s) of the student named herein hereby grant permission for said student to attend and participate in the following off campus school activity acknowledging the method of transportation will be School Bus, Charter Bus, or a Private Vehicle as scheduled and announced.

Name of Student: _____ D.O.B. _____
Activity: Lakeside Jr. High Chorus Date of Activity: Any/All from August 2023 - May 2024
Location: Various as Scheduled (see chorus calendar) Teacher/Sponsor: Michelle DuChemin

Motor Vehicle Insurance:

I/We understand that under present "no fault" motor vehicle insurance law, if my child is injured while riding in a private passenger automobile which is involved in an accident, he/she will be primarily covered for bodily injury under our/my family automobile insurance policy, and I/We agree to submit any medical bills incurred to my/our insurance company for payment. I/We assume all responsibility for any deductible or self-insured retention which is part of the terms of my/our motor vehicle insurance personal injury protection coverage.

Assumption of Risk/Release of Liability:

I/We have determined that participation in this off school campus activity by my /our child/ward is important and is of value and benefit to my/our child/ward. I/We understand that the coaching staff, activity sponsors, teachers and school officials will act reasonable to protect my/our child from injury, including the provision of appropriate safe equipment, facilities, and training designed to reduce the possibility of injury or death, and the safety of my/our child is of primary concern during all such off campus school activities. I/We understand that there will be incidental stops en route to and from the activity when determined necessary or desirable. I/We have considered and know of and acknowledge, and our child/ward has been informed of the risks involved in said off campus activity, which risks include, but are not limited to, physical injury, disabling injury and death, and I/We choose to accept any and all responsibility for his/her safety and welfare while participating in said off campus activity. With full understanding of the risks involved, I/We release and hold harmless my/our child's/ward's school, the School Board of Clay County, Florida ("School Board") and all officers, employees, agents and representatives of the School Board and the school from any and all responsibility and liability for any claim or cause of action for personal injury or death arising out of or resulting from my child's/ward's participation in this activity and agree to take no legal action on my/our behalf, or on behalf of the child/ward or the estate of the child/ward because of any injury, death or damage caused by any accident or mishap involving my child/ward while participating in this activity.

Consent to Medical Treatment/Certification of Physical Condition:

I/We authorize and consent to emergency medical treatment for my/our child/ward [Parent, Guardian, Student Initial acknowledgement of this page: _____] should the need arise for such treatment while my/our child/ward is under the supervision of the school or its employees, agents or representatives and I/We assume full responsibility for any cost or medical expense incurred for the rendition of said medical treatment. I/We hereby certify that my/our child/ward is healthy, and sufficiently physically fit and able to participate in this activity and that I/We know of no fact to the contrary which would limit his/her participation. If my/our child/ward has any physical condition which might limit his/her activity or cause my/our child/ward to become ill it is listed below. I/We agree to inform the appropriate school officials should my/our child's/ward's condition change in any way and at any time so as to affect his/her participation in the activity named herein, *(please detail existing conditions on reverse)*

I UNDERSTAND THAT THIS DOCUMENT CONTAINS A RELEASE

Parent/Guardian – Signature _____ Parent/Guardian – Signature _____

Parent/Guardian – Print Name _____ Parent/Guardian – Print Name _____

Student (Patient) – Print Name _____ Date _____

Student (Patient) – Signature _____

IMPORTANT: IF THE CHILD HAS ANY PHYSICAL CONDITION LIST IT HERE!

This medical information is included to assist the Activity Director/Teacher in assuring your child's/ward's well being. Please list any known allergic reactions (bees, ants, medications, substances, foods, etc.). List any medical conditions such as, but not limited to, asthma, wheezing, heart disease, seizures, diabetes, muscular or skeletal problems or any other medical condition or problem which you would like to bring to the schools attention. Please feel free to call the school in advance of any activity to discuss any concerns or specific health problems.

Lakeside Jr. High Chorus Parent Signature Form 2023.2024

The Lakeside Jr. High Chorus tries to be as “paperless” as possible. Please go to the following sites to see important information regarding the chorus program at Lakeside Jr. High. The sheet consolidates all the portions of the information that you would sign into one piece of paper. Please contact Mrs. DuChemin with any questions or concerns. Thank you!

Section 1: 1st Quarter Newsletter

This newsletter was emailed to the email address on file on Synergy and can be found on the chorus website. Please indicate below where you read the email.

_____ It was emailed to me _____ I did not receive the email but got it from the website

If you did not receive the email please give me an email address you'd wish chorus to send information to: _____

By signing below I am stating that I have received, read, and understand the information in the 1st quarter newsletter.

Parent/Guardian Signature

Parent/Guardian Print Name

Date

Student Name

Section 2: Website and Calendar

Please visit our chorus website at www.lakesidechorus.com. Here you will find a lot of information including our calendar.

By signing below I am stating that I have visited the website and found the calendar. I understand that I will be notified at least 20 days in advance of any calendar changes. I also understand that this is a co-curricular class and required concerts and rehearsals will be part of my singers grade.

Parent/Guardian Signature

Parent/Guardian Print Name

Date

Student Name

Section 3: Chorus Handbook

You can find our chorus handbook on the chorus website under resources. Please take a little time to become familiar with and read through the handbook. This will answer many of the questions you may have about the chorus program, what is required, what is optional, and much more.

By signing below I am stating that I have found the chorus handbook, read, and understand it's contents.

Parent/Guardian Signature

Parent/Guardian Print Name

Date

Student Name

Section 4: Off Campus School Activity Parent/Guardian Consent and Release Form.

You can find this form on the back of this signature sheet. This must be signed and on file with the school for your child to participate in any and all off campus activities and concerts. Please be sure that all emergency and medical information is correct and up to date in Synergy.