



THE SCHOOL DISTRICT OF PALM BEACH COUNTY  
CHIEF ACADEMIC OFFICE

## Single Day Field Trip Permission/Release

- ☐ Elementary School  
☐ Middle School  
☒ High School

Permission is requested for your child (student) to go on a single day field trip. To give permission for your child to attend this field trip, complete the information in Section II. Return the completed Single Day Field Trip Permission/Release to the teacher named below along with payment\* if there is a charge. If this Single Day Field Trip Permission/Release is not returned, your child will not be permitted to attend. This form must be signed by the parent(s)/guardian(s) and student, if over 18 years of age. Both parents should sign if feasible.

### SECTION I - TRIP INFORMATION

School Name Spanish River High School		School Contact Alex Kovalsky		School Contact Phone # 561-241-2223
Teacher Name Alex Kovalsky/Craig White		Grade 9-12		
Departure Date 3/17/25	Departure Time 9:30 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Return Date 3/17/25	Approximate Return Time 12:30 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	Cost Per Student* \$6.00
Destination Kravis Center for the Performing Arts		<input checked="" type="checkbox"/> In-county <input type="checkbox"/> Out-of-county	Number Of Chaperones Male <input type="checkbox"/> 4 Female <input type="checkbox"/> 14	Driver(s) <input checked="" type="checkbox"/> Adult <input type="checkbox"/> Student
Method(s) Of Travel (check all that apply) <input checked="" type="checkbox"/> School Bus <input type="checkbox"/> Private Charter Bus <input type="checkbox"/> Walking <input type="checkbox"/> Private Vehicle*** <input type="checkbox"/> Other (specify) _____				
Purpose For Trip All band, keyboard, chorus, and AP Music Theory students will attend Time For Three performance at the Kravis Center				
Description Of Supervision On Trip + Students will be supervised at all times by district staff and chaperones				

Attach any additional pages, if needed, including any relevant provisions in the student's IEP or 504 plan.

\* No penalty of any type will be imposed against the student based upon a failure to pay for the field trip. No student shall be denied the right to participate for failure to pay for the field trip. The principal may forgo a planned activity or use of a particular item based upon the collection of insufficient funds to cover the cost of the item or activity. This request is for a voluntary payment.

\*\*\* Each person transporting the students in a private vehicle must show proof of current automobile liability insurance to the school supervisor and to the parent(s)/guardian(s) of the student traveling in the vehicle upon request. Volunteer drivers are required to carry minimum insurance requirements as specified by FL Statute 627.736 and complete the PBSO 2362 Volunteer Driver Information.

+ Describe the circumstances or times that the student will NOT be supervised by school staff or parents although adult supervisors will be present. Parents are encouraged to ask any questions about supervision on trip.

### SECTION II - PARENT / LEGAL GUARDIAN APPROVAL

Student Name (last, first, middle initial)		Student Home Address		
Home Phone #	Business Phone #	Cell Phone #	Emergency Phone #	
Physician's Name	Physician's Phone #	Student Swimming Skill Level (if applicable) <input type="checkbox"/> Non-swimmer <input type="checkbox"/> Beginning <input type="checkbox"/> Skilled		
Other Student Information (allergies, medications, etc., attach PBSO 2649)			Meal(s) Provided <input type="checkbox"/> By Parent <input type="checkbox"/> By School	

I agree and my child agrees to abide by all rules and safety precautions relating to this field trip activity. I am aware that during this trip certain risks are inherent. I understand that this field trip activity may involve certain conditions, hazards and potential dangers, including those associated with traveling in the above chosen method of travel or those associated with the facilities or property where the field trip will occur or whether the dangers are open and obvious or concealed. Any questions which have occurred to me have been answered to my satisfaction. I am participating in these activities of my own free choice. My signature acknowledges that I have been informed of the reasonably expected hazards associated with the field trip in which my child will be participating. The School District recognizes its responsibility for its negligent acts subject to the limits of Section 768.28, Florida Statutes. Based on current Florida Law, the School Board is not responsible for the negligence of volunteer drivers. I further agree to accept responsibility for any negligent, willful, or intentional act of my child and as a result will indemnify and hold harmless the School District for all costs, damages and attorneys fees. In the event of an emergency, reasonable attempts will be made to contact the parent. This would not prevent the emergency health care provider from acting in the best interests of the child. **I authorize emergency medical treatment for my child in the event of accident or illness during this field trip.**

☐ Check here if the student wears a medical alert

Signature of Emancipated Student

Date

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date