



Field Trip Permission Form

I we, hereby grant permission for _____ to participate in an off-campus field trip to various local destinations during the 2017/18 school year and to make incidental stops in route and return, when determined to be necessary or desirable. In consideration of the benefits and opportunities afforded my child by his participation in the field trip, I state as follows:

I authorize the school representative to obtain medical treatment for my child in the event of an injury or illness and agree to pay any expense incurred for treatment.

I understand that under present Florida Law, if my child is riding in a private passenger automobile which is involved in an accident, he/she may be primarily covered for bodily injury under my automobile insurance company for payment. If my policy has been issued with a deductible clause relative to the personal injury protection, I understand that I have assumed that deductible amount when I purchased the policy.

If my child is being transported in commercial carrier or other leased or rented vehicles and an injury occurs, I understand that I shall look to the commercial carrier or owner of the other leased or rented vehicles to pay any medical bills incurred as a result of such injury and shall release Spring Valley School from liability.

(Date)

(Signature of parent or guardian)