



## Gradventure Parent Permission Form

Dear Dolphin Families! The 8th Grade "Gradventure" field trip will be May 5, 2023.

To ensure a pleasant experience for everyone, the following standards will be put into place starting December 1, 2022.

All students are welcome and encouraged to attend field trips. However, since students are representing Pine Island Academy while away from our building, it is expected that exemplary behavior be exhibited at all times. Proper discipline is essential for a safe and pleasant trip for all.

To secure and maintain this learning environment away from school, students must maintain eligibility requirements for field trip attendance as outlined below.

### **Attending Trip Conditions:**

1. Students must be passing ALL subjects for the year.
2. Students must not have any out-of-school suspensions (OSS).
3. Students must not have ANY In-School Suspension (ISS).
4. Students must not have more than 15 unexcused absences for the year.

Students who do not meet the above conditions until the day of the field trip, May 5<sup>th</sup> will not be allowed on the trip and there will be NO REFUNDS except as provided for by those that have selected CFAR Insurance.

### **Additional School Regulation Information:**

- Dress code must be in compliance with the SJCS D dress code policy. A field trip shirt is included in the trip registration fee.
- Students must ride the bus to and from Universal. No exceptions.
- Students must choose a partner and stay with them at all times.
- Per Universal Studios, annual passes cannot be used for admission but can be used for concession and souvenir discounts.

***School Administration has the right to review and deny any student's eligibility to attend the field trip.***

**Upcoming Dates & Payment Information**

**December 16<sup>th</sup>: Deadline to submit the below portion of this permission form and the SJCSJ attached permission forms to Ms. Cox in RM 924.**

**\*\*Payment is not due until dates detailed in the chart below\*\***

<b>Payment Date</b>	<b>\$ or %</b>	<b>Student Estimate</b>	<b>Payment Description</b>
01/21/2023	33.00%	\$92.33	Initial deposit
02/20/2023	33.00%	\$92.33	Monthly installment
03/21/2023	33.00%	\$92.34	Monthly installment

**Total: \$277**

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**Please keep the top portion for your records**

**8<sup>th</sup> Grade Gradventure Contract**

This form must be signed by both student and parent and returned along with the field trip permission forms attached. Signature confirms understanding of information provided regarding the trip and criteria.

\_\_\_\_\_  
*Student Name*  
(PRINTED)

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Guardian Name*  
(PRINTED)

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

**Student's Homeroom Teacher: \_\_\_\_\_**

**Student's Lunch Period: Lunch A \_\_\_\_\_ Lunch B \_\_\_\_\_**

**ST. JOHNS COUNTY SCHOOL DISTRICT  
PARENT PERMISSION FORM FOR FIELD STUDY ACTIVITIES**

School: PINE ISLAND ACADEMY

I/We, the parents/guardians of the student named below, understand the nature of the activity being planned to:

UNIVERSAL ORLANDO- GRADVENTURE on FRIDAY, MAY 5, 2023

Time: Leave: 12:00 PM Return: 05/06/23 @ 3 AM This field study includes a supervised water activity: Yes \_\_\_\_\_ No X

CHARTER BUS at a cost of \$ 277.00  
(MODE OF TRANSPORTATION)

We acknowledge our student is in good health and the study does not pose a health hazard to my student. *We also understand in times of national emergency or any other time when it is in the best interest of the health, safety and welfare of students and employees, the School Board may revoke its approval assuming no liability for reimbursement of costs or expenses incurred by the cancellation of any activity.*

I/We hereby grant permission and give my/our consent for my student to (1) be treated by any qualified nurse, physician, or surgeon as may be deemed necessary by the district, its agents, servants, or employees during the activity; (2) be administered medication and/or emergency first aid care as may be necessary or appropriate; and (3) receive treatment in hospitals, medical offices, or elsewhere in the event of accident or illness. To assist in that medical care or treatment, I/we represent that the medical information supplied on the Medical Information Form and or the School Health Card is true and accurate. The district, its agents, servants, or employees are not responsible for acts or omissions of third parties as a result of securing medical care. I/We will hold the district and its agents, servants, or employees harmless and indemnify them from any claim, cause of action or demand arising out of any form of or the lack of medical or emergency treatment rendered to my student.

In the event that a student must return to school independently for reasons of health, accident, failure to conform to rules established by the teacher in charge, etc., we agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses. This permission slip also serves as a contract that the student and parent(s) understand and agree to the guidelines from each teacher as to making up missed assignments.

My student, by his/her signature hereto, fully agrees and consents to the foregoing with permission to participate in the listed field study.

Student's Name (Print): \_\_\_\_\_

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

My student requires medication and/or medical attention: YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, you must complete the Medical Information Form (obtained from the activity supervisor) and provide the medication to the personnel trained to administer the medication.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Emergency contact, if parent unavailable

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Family Physician

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Health Insurance Provider

\_\_\_\_\_  
Policy#

# MEDICAL INFORMATION FORM

(Required for any student requiring medication or medical attention)

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Health Insurance Provider and # of Medical Plan: \_\_\_\_\_

Doctor's Name & Phone #: \_\_\_\_\_

Parent's Contact Number: Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Other: \_\_\_\_\_

If parents cannot be reached in an emergency, please contact:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

## LIST ANY AILMENTS, DISABILITIES OR PROBLEMS INVOLVING YOUR CHILD WHICH MIGHT AFFECT HIS/HER PARTICIPATION.

Asthma \_\_\_\_\_

Allergies \_\_\_\_\_

Bronchitis \_\_\_\_\_

Bed Wetting \_\_\_\_\_

Diabetes \_\_\_\_\_

Ear Infection \_\_\_\_\_

Epilepsy \_\_\_\_\_

Heart Disease \_\_\_\_\_

Nightmares \_\_\_\_\_

Sinus \_\_\_\_\_

Sleepwalking \_\_\_\_\_

Other \_\_\_\_\_

Information of which sponsors should be aware:

1. Unusual reactions or allergies to drugs.
2. Special care needed while on activity.
3. Special instructions to medical personnel if emergency care is needed.
4. Significant health problems of student.

All prescription and non-prescription medication to be administered by trained school personnel during the field study must have an Authorization to Administer Medication form signed by both the parent/guardian and the physician ordering the medication if not already on file in the school clinic. All medication must be received in the original container with current Rx label including student's name, dosage, and frequency of administration, physician's name, and expiration date of medication. All non-prescription medication in the possession of students at the middle and high school level not administered by school personnel must be in the original container and requires written permission from the parent to the school.

All medication and required documentation must be cleared through the School Clinic prior to the field study.

Name of Medicine: \_\_\_\_\_

What it is to be used for: \_\_\_\_\_

How it is to be given: \_\_\_\_\_ Quantity to be given: \_\_\_\_\_ Time to be given: \_\_\_\_\_

Parent's Signature \_\_\_\_\_

**IN CASE OF EMERGENCY:** I hereby request the physician/emergency team selected by the supervisor provide treatment for my child named above.

Name: (Print) \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_