### 2023-2024 School Year

MIS1171 REV 3/08

# OKALOOSA COUNTY SCHOOL DISTRICT INSTRUCTIONAL SERVICES

# PARENTAL RELEASE FOR USE OF STUDENT IMAGES IN ALL FORMATS

I (we) authorize the School Board of Okal permission and under its authority (collection)	•	•
images of my child,	lively referred to as School.	board ), to use and publish recognizable
in any medium deemed appropriate by the	e School Board, including, bu	nt not limited to:
a. Web Pages		
b. Newspapers		
c. TV (Broadcasts to homes)		
d. Multimedia presentations		
e. Pictures for professional journal	S	
liability by virtue of use of photographs so	long as same are used for an	with its permission and authority, from any educational purpose by the School Board.
I (we) warrant that we are the guardian a and have full rights to contract on behalf	-	
Please indicate any exceptions:		
	Parent	Date

## SRMS Mustang Band 2023-2024 -NOTARY REQUIRED-

#### SCHOOL DISTRICT OF OKALOOSA COUNTY RISK MANAGEMENT DEPARTMENT ON / OFF CAMPUS SCHOOL ACTIVITY

#### NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF OKALOOSA COUNTY SCHOOL DISTRICT, ITS SCHOOL BOARD, ITS EMPLOYEES, AGENTS OR ASSIGNS USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM OKALOOSA COUNTY SCHOOL DISTRICT, ITS SCHOOL BOARD, ITS EMPLOYEES, AGENTS OR ASSIGNS IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND OKALOOSA COUNTY SCHOOL DISTRICT, ITS EMPLOYEES, AGENTS OR ASSIGNS HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

All Students participating in off-campus school sponsored activities shall have the "ON/Off-Campus School Activity" form completed and signed by a parent or guardian. This form shall accompany the sponsor(s) to the off-campus activity(s) and should be completed as follows:

- A. Student activities in-county/off-campus: Parent or guardian shall complete the parent permission portion of the form for each activity. The form is not required to be notarized for in-county on/off-campus activities.
- B. Student activities requiring off-campus/out-of-county travel: Parent or guardian shall complete the form in its entirety and have the form notarized for each activity, unless the form has previously been under the multiple off-campus activities guidelines.
- C. X Student Activities requiring multiple off-campus/out-of-county travel: Parent or guardian shall complete the form in its entirety **and** have the form notarized. Completion of the form may be used for all related activities (example: band trips scheduled for the school year).
- D. Student Water Related Activities requiring off-campus/out-of-county travel: Parent or guardian shall complete the form in its entirety and have the form notarized for each activity, unless the form has previously been under the multiple off-campus activities guidelines.

#### PARENT/GUARDIAN COMPLETE FOR A.B.C. D

Your son/daughter	r is eligible to participate	in a school-sponsored	activity requiring t	ransportation to a l	location awa
from the school bu	ıilding.				

This activity will take place under the guidance and supervision of employees from			
	School. Name of Event		
	Destination		

#### SCHOOL DISTRICT OF OKALOOSA COUNTY RISK MANAGEMENT DEPARTMENT ON / OFF CAMPUS SCHOOL ACTIVITY

Date and Time of Departure:	Date a	nd Anticipated Time of Return:			
Student Cost:	Metho	Method of Transportation:			
If you would like your child to participat	e in this school activity, (date). As parent or leg	please complete, sign, and return the following gal guardian, you remain fully responsible for any legal by the named student.			
PART I -PARENTAL/GUARDIAN PERMISS	ION, ACKNOWLEDGEME	NT AND RELEASE			
l,	hereby grant perm	nission for			
the school activity participation, unders choose to accept any and all responsibil full understanding of the risks involved, School District, its School Board, its offic any injury or claim resulting from such p	tand that serious injury, ity for his/her safety and I release and hold harm ters, employees, agents participation and agree t	edge that my child/ward knows of, the risks involved in and even death, is possible in such participation and d welfare while participating in the school activity. With less my child's/ward's school, and Okaloosa County or assigns, of any and all responsibility and liability for o take no legal action against the Okaloosa County or assigns, because of any accident or mishap involving			
If your child requires medication to be a	dministered during this	activity, please complete the following information:			
medications in their original prescription any medications are listed, parent or gu	n container. List all aller ardian <u>must</u> speak with	gies of Student Parents <u>must</u> supply all the designated employee prior to the activity. Both must be allowed to participate in this activity.			
Parent/Guardian		Employee			
I hereby consent to participate by my ch understand this event will take place aw	nild way from school grounds ted dates. I further cons	, in the event described above. I and my child will be under the supervision of the ent to the conditions stated above on participation in			
Please print or type name	Date	Signature			
PART II- PARENT/GUARDIAN PERMISSIO	N FOR EMERGENCY TRE	ATMENT			
designated supervisor of this activity will In some state/countries, students under the written consent of the parent/guard	Il attempt to contact the r 21 years might not be a dian; therefore, we requ	ery, and/or other medical treatment develops. The eparent/guardian prior to emergency treatment consent administered an anesthetic or operated upon without est the parent/guardian sign the following statement. It and we are unable to contact the parents.			
*In the event of injury and/or illness to	our son/daughter/ward	·			

#### SCHOOL DISTRICT OF OKALOOSA COUNTY RISK MANAGEMENT DEPARTMENT ON / OFF CAMPUS SCHOOL ACTIVITY

DOB	Address			City/State		
Health Insurance Plan and P	lan Number					
We hereby authorize an Oka District school campus to obtained necessary, including the adm District, its School Board and obtaining and consenting to	tain and give consinistration of and the representat	sent to whats anesthetic and ive or from ar	oever medi d surgery, a	cal treatment the represe and do hereby release the	ntati Okal	ve deems oosa County School
Please print or type name		Date		Signature  Emergency Phone Number		Please complete tl
Phone number	Emergency Co	ontact				section below in the
I HAVE READ THIS CAREFULL	Y AND KNOW IT (	CONTAINS A R	ELEASE (Or			
Please print or type name		Date		Signature		
NOTARY REQUIRED FOR "B	" "C" "D"		STATE	OF FLORIDA - COUNTY O	F OK	<u>ALOOSA</u>
The foregoing instrument wa	as acknowledged	before me		(date) by,		
who is personally known to r	me or has produc	ed (Type of Id	entification	n)		
as identification and who did	I/did not take an	oath.				
Signature of person Taking A	cknowledgement	<u> </u>	Name	of Acknowledger Typed,	Print	ed or Stamped
TO BE CO	OMPLETED AT TH	E OPTION OF	THE SCHOO	DL FOR SECONDARY STUDI	ENTS	
Students Name:						
GOOD STAN	DING			ABSENCE APPROVED		
YES	NO	PERIOD 1	YES	NO		
		2.				
		3. 4.			_	
		5.				
		6.	J			