



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 Okaloosa County, Okaloosa County, Florida, and those acting with its permission and under its authority (collectively referred to as "School Board"), to use and publish recognizable images of my child, \_\_\_\_\_, in any medium deemed appropriate by the School Board, including, but not limited to:

- a. Web Pages
- b. Newspapers
- c. TV (Broadcasts to homes)
- d. Multimedia presentations
- e. Pictures for professional journals

I (we) release and discharge the School Board, and all persons acting with its permission and authority, from any liability by virtue of use of photographs so long as same are used for an educational purpose by the School Board.

I (we) warrant that we are the guardian and/or parents of \_\_\_\_\_ and have full rights to contract on behalf of said child.

Please indicate any exceptions:

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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.  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 is eligible to participate in a school-sponsored activity requiring transportation to a location away from the school building.

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

DOB \_\_\_\_\_ Address \_\_\_\_\_ City/State \_\_\_\_\_

Health Insurance Plan and Plan Number \_\_\_\_\_

We hereby authorize an Okaloosa County School District principal and/or designee who is employed on the Student's District school campus to obtain and give consent to whatsoever medical treatment the representative deems necessary, including the administration of an anesthetic and surgery, and do hereby release the Okaloosa County School District, its School Board and the representative or from any and all claims which may arise from the representative's obtaining and consenting to said medical treatment.

\_\_\_\_\_  
Please print or type name Date Signature

\_\_\_\_\_  
Phone number Emergency Contact Emergency Phone Number

Please complete this section below in the presence of a notary.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE (Only one parent/guardian signature is required)

\_\_\_\_\_  
Please print or type name Date Signature

NOTARY REQUIRED FOR "B" "C" "D" STATE OF FLORIDA - COUNTY OF OKALOOSA

The foregoing instrument was acknowledged before me \_\_\_\_\_ (date) by, \_\_\_\_\_  
who is personally known to me or has produced (Type of Identification) \_\_\_\_\_  
as identification and who did/did not take an oath.

\_\_\_\_\_  
Signature of person Taking Acknowledgement Name of Acknowledger Typed, Printed or Stamped

TO BE COMPLETED AT THE OPTION OF THE SCHOOL FOR SECONDARY STUDENTS

Students Name: \_\_\_\_\_

GOOD STANDING		PERIOD	ABSENCE APPROVED	
YES	NO		YES	NO
		1.		
		2.		
		3.		
		4.		
		5.		
		6.		
		7.		