

THE SCHOOL BOARD OF HERNANDO COUNTY, FLORIDA

**Educational Activities Permission for Participation**

I/We, hereby grant permission for (name of student) \_\_\_\_\_  
to participate in all educational activities and trips for the current school year. I/We, understand that announcement  
of the activities or trip and location will be made in advance, so that if I/we, were to have any objections, I/we, could  
easily phone or write the school and my child would not participate in the activity or the trip.

I/We, authorize the school representative, in the exercise of his/her judgement as to necessity, to obtain  
medical treatment in the event of injury or illness and the undersigned agrees to pay any expense incurred for  
this treatment.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

Student Number \_\_\_\_\_

Street Address \_\_\_\_\_

\_\_\_\_\_

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