



Parent/Guardian Consent and Responsibility Statement for Student Participation in Events/Activities

This is to be completed by the school, provided to the parent/guardian for review and approval and returned to the school to provide parental permission for the student identified below to participate in any of the school-sponsored events/activities listed below including clubs. All items must be completed. Parent/guardian questions related to the events/activities, including clubs, should be directed to the school and information about the school's events/activities can be found on the school's website. Completed form must be kept with the student's education records.

Student #	Student First Name	M.I.	Last Name	Birth Date
School # 3371	School Name Emerald Cove MS			
Event/Activity Supervisor Mr. Alan Burke			School Phone Number 561-803-8000	

General Information

Event/Activity	Date(s) and Time(s) Varies Daily	Event/Activity Location Morningcare=Cafe; Aftercare = Rm. 3-111
Event/Activity Description See 'Typical Morning / Aftercare Activities' listed on our Aftercare Webpage		
Staff/Guests Who Will Be Present During Event/Activity Morning / Aftercare Staff		

PARENT/GUARDIAN AUTHORIZATION AND ACKNOWLEDGEMENT OF RISKS

1. I understand that participation in this event/activity is voluntary.
2. The parent/guardian and student are responsible for transportation to and from the event/activity, unless otherwise specified.
3. The parent/guardian and student understand that the school district, its officers, agents or employees are not responsible for the student during the time he/she is traveling to or from the event/activity, unless the school is providing transportation.
4. The parent/guardian and student will assume the liability during the entire course of the student's participation in the event/activity and will indemnify and hold the School Board of Palm Beach County harmless for any injury or accident or property loss involving the student.
5. Parent/guardian permission for the student to participate in the above event/activity may be withdrawn at any time by contacting the school and/or sponsor.
6. In the event of medical emergency, I authorize the sponsor or chaperone in charge of the event/activity to seek emergency medical treatment for my student at my expense.

I have read and understand the information above and accept the designated responsibilities. I hereby grant participation in all aspects of the above listed event/activity, unless I have checked the box below.

I **DO NOT** grant permission for the student to participate in the above listed event/activity.

Parent/Guardian Signature

Parent/Guardian Printed Name

Date