

Alachua County Public Schools
Career & Technical Student Organization
Travel Authorization Form

- FCCLA
- HOSA
- TSA
- FBLA
- FFA
- FHA/HERO
- DECA
- FPSA
- Skills USA

To: Parents of all Career & Technical Student Organization (CTSO) Members
From: _____, CTSO Advisor
Approved by: _____, Principal/Designee
Subject: Travel Authorization for School Year: _____

Attached hereto and made a part hereof is a list of anticipated intra-curricular events for students in this Career & Technical Student Organization (CTSO). These events are required as a part of their learning experiences in the Career & Technical Education Program. There may be impromptu business and social meetings that are not on the attached list. This permission slip covers all school related trips taken by students in the CTSO. Please sign the form below so that your son/daughter may attend these events.

PERMISSION TO PARTICIPATE AND TRAVEL

_____ (Student's Name) has my permission to attend the listed events which have previously been approved by the school. It is my understanding that trips will be properly chaperoned, that all necessary precautions will be taken by the school and the School Board of Alachua County for the welfare of my child, and beyond this I agree that the school and those supervising will not be held responsible in the event of injury to my son/daughter.

I, the undersigned, as parent or guardian give consent for the participant identified herein to engage in activities as a representative of _____ High School and to accompany the CTSO as a member on its trips.

Signature of Parent/Legal Guardian

MEDICAL RELEASE

I, the undersigned, as the parent and/or legal guardian of _____ hereby consent to any and all medical and surgical treatments, including anesthesia and operations which may be deemed advisable by any qualified physician selected by agents or officials of Alachua County Public Schools. The intention is to grant authority to administer and to perform any examination, treatment, anesthesia, operation, and diagnostic procedure which may now or during the course of the patient's care be deemed advisable or necessary by any qualified physician. No action shall be taken until an attempt is made to contact me at the number(s) listed below.

Approved: _____
(Signature of Parent/Legal Guardian) *(Relationship)*

(Street Address) *(City, State, Zip)* *(Date)*

(Home Phone) *(Work Phone)* *(Other Phone)*

Medical Insurance Information:

(Name of Company) *(Policy Number)* *(Contract Number)*

(Street Address) *(City, State, Zip)*

Not Approved: As parent or legal guardian of the student listed below, I do not desire to sign the medical and surgical release form above.

(Name of Student) *(Signature of Parent/Legal Guardian)* *(Date)*

INSTRUCTIONS TO PARENT OR GUARDIAN Complete form, sign in the presence of Notary Public/school official as witness.

NOTARIZATION

Sworn to and subscribed before me on this the _____
Day of _____, 20____

Notary Public
State of Florida at Large

My Commission Expires: _____

WITNESS – SCHOOL OFFICIAL

On _____ (date) I
witnessed execution of the above.

(Principal/Designee)

(Position)