

ELIZABETH COBB MIDDLE SCHOOL

Tonja Fitzgerald, Principal
Mike Holmes, Assistant Principal
Matt Roberson, Assistant Principal



915 Hillcrest Ave. Tallahassee, FL 32308
Tel: (850) 488-3364 Fax: (850) 922-2452
Website: www.cobb.leon.k12.fl.us

Excellent on Purpose

This completed form must be returned No later than: October 31, 2016

Student's Name: _____

Address: _____

Allergies: _____ Medications: _____

Physician: _____ Physician's Phone #: _____

Insurance Company: _____ Policy #: _____

Emergency Contacts:

Father: _____ Home Ph: _____ Cell Ph: _____

Email: _____

Mother: _____ Home Ph: _____ Cell Ph: _____

Email: _____

Other: _____ Home Ph: _____ Cell Ph: _____

The above named student has permission to travel to:

Destination: Orlando, FL Date: 3/2/17-3/3/17

Method of Transportation: Astro Charter Bus
(NO OTHER METHOD OF TRANSPORTATION ALLOWED!!!!!!!)

Time of Departure: 12:30 PM (3/2/17) Time of Return: 10:00 PM (3/3/17)

I have read the Leon County Student Code of Conduct and agree to abide by the rules of Cobb Middle School and the Leon County School District.

***Each student will be properly supervised and every precaution will be taken to ensure your child's safety.**

Legal Guardian's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

*** Additional information:** Please contact Gina Gass gassg@leonschools.net or Page Curry curryp@leonschools.net with any questions or concerns.

Section I

APPLICATION FOR ACTIVITY PARTICIPATION

A. * Name _____ Grade _____ School _____
Address _____ Home Phone _____ Parent's Work Phone _____

* I have read and understood all sections of this form that apply to my child. I certify that _____ who is a student and whose name is as it appears on his/her birth certificate, is my child or my legal ward, resides with me, and has been residing with me since (date) _____ at the following address: _____ (ZIP). I also state that we are now living within the attendance boundaries or have been reassigned by the district to _____ school.

* Date _____ Signature of Parent or Legal Guardian _____

B. PERMISSION FOR SUPERVISED FIELD AND ACTIVITY TRIPS

During the school year, it sometimes becomes desirable to add to the educational experience of our students through planned visits to points outside of the school building. The visit might be a short field trip to a local point of educational interest, or on the middle and senior high school level, it might involve representing the school out of town in some group activity, such as band, chorus, athletic, academic, service club events, etc.

We request that you grant permission for your child to participate in any such trip during the entire school year so that we may keep this form on file and avoid the necessity of asking for such permission on each occasion. The Leon County School Board has authorized the use of buses, private passenger cars and those approved vans that meet all of the Federal Safety Standards to transport students to any such trips. Notification will be provided to you concerning the type of transportation to be used. School officials will provide trip itinerary for all out of county trips.

Part I: CONSENT

* The undersigned as parent or guardian gives consent for the participant to use the Leon County School Board – approved means of transportation as a representative of _____ School for the supervised field and/or activity trips.

Date _____ Signature of Parent or Legal Guardian _____

PART II: NON-CONSENT

The undersigned as parent or guardian does not give consent for the participation to use the Leon County School Board – approved means of transportation as a representative of _____ School for the supervised field and/or activity trips.

Date _____ Signature of Parent or Legal Guardian _____

C. MEDICAL RELEASE

PART I: CONSENT

* The undersigned as the parent(s) and/or legal guardian(s) of _____ do hereby authorize the agent or officials of the Leon County School Board to obtain, through a physician of its choice, any emergency medical care that may become reasonably necessary for the student in the course of such athletic activities or such travel. No action shall be taken until an attempt is made to contact me at the phone number(s) listed below. Payment of all charges incurred for medical treatment is guaranteed by parent/guardian or the insurance company providing coverage for above named student.
Home Phone _____ Business Phone _____

* **IN WITNESS** of our consent and agreement to the matters stated above, we have subscribed our signature below.

Date _____ Signature of Parent or Legal Guardian _____

PART II: NON-CONSENT

As parent or guardian of _____, I do not desire to sign the medical and surgical release form above.

Date _____ Signature of Parent or Legal Guardian _____

D. INSURANCE

As parent or guardian of the student identified herein, I understand that the School Board of Leon County is not liable for injuries to participants in school activities. I further understand that all students shall be required to have proper medical insurance before they will be permitted to practice and participate in any co-curricular activity or field trip program.

* Date _____ Signature of Parent or Legal Guardian _____
The following options shall be the only acceptable ones: (Please check your selected option.)

- * 1. = Personal Medical Insurance. The use of your personal medical or active/retired military insurance shall cover the activity(s) that your son or daughter will be participating in the current school year, and the insurance covers a minimum of \$25,000.
Company _____ Policy Number _____
- 2. = Student Activities Insurance Made Available through the School Board of Leon County. The cost of the insurance to be paid by the student participating (each year the county will publish the School Board of Leon County Insurance Plan for students). See school front office for details.