ST. JOHNS COUNTY SCHOOL DISTRICT
PARENT PERMISSION FORM FOR FIELD STUDY ACTIVITIES

School: Mill Creek Academy

I/We, the parents/guardians of the student named below, understand the nature of the activity being planned to:

Universal Orlando 8th Grade Gradventure on 5/1/2026
(DATE)

Time: Leave: 1:30pm Return: 2:30am We understand transportation will be by:

Charter Bus at a cost of $ 240
(MODE OF TRANSPORTATION)

Make payments through SchoolPay
Payments and forms due by 2/1/26

We acknowledge our student is in good health and the Study does not pose a health hazard to my student. ***We also understand in times of national emergency or any other time when it is in the best interest of the health, safety and welfare of students and employees, the School Board may revoke its approval assuming no liability for reimbursement of costs or expenses incurred by the cancellation of any activity.***

I/We hereby grant permission and give my/our consent for my student to (1) be treated by any qualified nurse, physician, or surgeon as may be deemed necessary by the district, its agents, servants, or employees during the activity; (2) be administered medication and/or emergency first aid care as may be necessary or appropriate; and (3) receive treatment in hospitals, medical offices, or elsewhere in the event of accident or illness. To assist in that medical care or treatment, I/we represent that the medical information supplied on the Medical Information Form and or the School Health Card is true and accurate The district, its agents, servants, or employees are not responsible for acts or omissions of third parties as a result of securing medical care. I/We will hold the district and its agents, servants, or employees harmless and indemnify them from any claim, cause of action or demand arising out of any form of or the lack of medical or emergency treatment rendered to my student.

In the event that a student must return to school independently for reasons of health, accident, failure to conform to rules established by the teacher in charge, etc., we agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses. This permission slip also serves as a contract that the student and parent(s) understand and agree to the guidelines from each teacher as to making up missed assignments.

My student, by his/her signature hereto, fully agrees and consents to the foregoing with permission to participate in the listed field study.

Student's Name (Print): _____

_____ _____
Signature of Student Date

My student requires medication and/or medical attention: YES ____ NO ____

If yes, you must complete the Medical Information Form (obtained from the activity supervisor) and provide the medication to the personnel trained to administer the medication.

_____ _____
Signature of Parent/Guardian Date

_____ _____ _____
Cell Phone Work Phone Home Phone

Emergency contact, if parent unavailable _____ Phone _____

Family Physician _____ Phone _____

Health Insurance Provider _____ Policy# _____

Board Approved 8.12.14 (Revised July 2017)

MEDICAL INFORMATION FORM

(Required for any student requiring medication or medical attention)

Child's Name: _____

Date of Birth: _____

Health Insurance Provider and # of Medical Plan: _____

_____

Doctor's Name & Phone #: _____

Parent's Contact Number: Cell: _____ **Work:** _____ **Other:** _____

If parents cannot be reached in an emergency, please contact:

Name: _____ **Phone #:** _____

LIST ANY AILMENTS, DISABILITIES OR PROBLEMS INVOLVING YOUR CHILD WHICH MIGHT AFFECT HIS/HER PARTICIPATION.

Asthma_____	Diabetes _____	Nightmares_____
Allergies_____	Ear Infection_____	Sinus_____
Bronchitis_____	Epilepsy_____	Sleepwalking _____
Bed Wetting_____	Heart Disease_____	Other _____

Information of which sponsors should be aware:

1. Unusual reactions or allergies to drugs.
2. Special care needed while on activity.
3. Special instructions to medical personnel if emergency care is needed.
4. Significant health problems of student.

All prescription and non-prescription medication to be administered by trained school personnel during the field study must have an Authorization to Administer Medication form signed by both the parent/guardian and the physician ordering the medication if not already on file in the school clinic. All medication must be received in the original container with current Rx label including student's name, dosage, and frequency of administration, physician's name, and expiration date of medication. All non-prescription medication in the possession of students at the middle and high school level not administered by school personnel must be in the original container and requires written permission from the parent to the school.

All medication and required documentation must be cleared through the **School Clinic** prior to the field study.

Name of Medicine: _____

What it is to be used for: _____

How it is to be given: _____ Quantity to be given: _____ Time to be given: _____

Parent's Signature _____

IN CASE OF EMERGENCY: I hereby request the physician/emergency team selected by the supervisor provide treatment for my child named above.

Name: (Print) _____

Parent's Signature: _____ **Date:** _____

8th Grade Gradventure
Pre-Trip Behavior Contract

It is required that all students attending the 8th Grade Gradventure trip meet certain academic, behavior, and attendance standards. Please read, sign, and return this required form to the glass lounge by **February 1, 2026**.

- Participants must be passing ALL core subjects (ELA, Math, Science, Social Studies, and Intensive Reading (if enrolled) with a 60% or higher by April 17th, 2026.
- Participants must have no more than 5 unexcused absences from January 5, 2026, until the date of the trip.
- Participants must exhibit model behavior by following the MCA L.E.A.D. expectations.

Unacceptable behavior resulting in any of the following consequences during the school year may result in removal from the trip:

- Any Level 3 or 4 Offense
- Out of school suspension
- More than 2 instances of suspension (OSS or ISS)

Students, please be aware of these guidelines and monitor your actions as you progress through each school day. It is not the intention of the school administration or faculty to limit the attendance on such a positive end-of-middle school experience. Instead, it is our intention to encourage students to be successful in their academic and behavioral pursuits.

Parents, should the need arise, we will notify you if your child's status changes due to poor academics, attendance or behavior. *Due to pricing being dependent on the number of participants, if your child's status changes and they are not able to attend due to attendance, behavior, or grades, you will NOT be reimbursed what you have paid toward the trip.*

Student Name (Print): _____ *Date:* _____

Student Name (Signature): _____

Parent Name (Print): _____ *Date:* _____

Parent Signature (Signature): _____

RETURN THIS PAGE, SIGNED AND COMPLETED, ALONG WITH PAYMENT OF $240, THE PERMISSION SLIP, AND **SIGNED MEDICAL FORM** TO YOUR 1ST PERIOD TEACHER BY Sunday, FEBRUARY 1, 2026.

Parent, please initial for each of the following:

_____ I understand the expectations of this letter.

_____ I understand that my child will NOT be with a chaperone or teacher in the parks. My child will be required to be always in a group of at least three students and will check in with teachers at the designated check in time.

_____ I understand that I will need to pick up my child, at Publix at Parkway Village of St. Augustine (170 Vlg Comns Dr.) at approximately 2:30 am

_____ I **understand that students will not be allowed to attend the trip who have served two or more days of ISS or OSS resulting from more than one incident, or a level 3 or 4 offense as per the Code of Conduct for the district. This applies to the 2nd semester only. I also understand that I will NOT receive a reimbursement, nor will I be allowed to sell my child's ticket to another student!**

_____ (parent name, please print)

_____ (parent signature)

_____ (student name, please print)

_____ (student homeroom teacher, please print)

I am interested in chaperoning this trip at a cost of $240, if room is available for chaperones. (DO NOT send in payment at this time.)

_____yes _____no

Please provide the cell number that your child will have with him/her on the field trip. Please include area code. **_____**

Please chose the size of your t-shirt. **AXXL or AXXXL t-shirts cost an additional $2**

T-Shirt Size (circle one) - YL AS AM AL AXL

T-Shirt Size (circle one) – AXXL AXXXL