

Treasure Coast Classical Academy
Parental or Legal Guardian Permission Slip

Permission is granted for: _____ to go on a field trip to:

Cox Science Center on 2/14/2023 8:00 am to 3:00pm. Accompanied by an authorized person employed by Treasure Coast Classical Academy.

Price: \$25 Estimated Return Time: 2:15 We will be traveling by: Charter Bus

Teacher Name/Grade: _____/6th grade.

The purpose of the trip is: Tour the Cox Science Center and participate in a frog dissection.

Lunch options (Please check one) : ☐ I will bring my own lunch ☐ TCCA Cafeteria Sandwich (\$4.50, taken from your MSB account) ☐ TCCA Cafeteria Salad (\$4.50 taken from your MSB account. My scholar is on the free or reduced lunch program ☐

Medical Information: _____

If you have a student with a serious medical condition, or on certain prescription medication, there should be an IHP in place. The IHP should outline expectations for student health management both on and off campus.

Special Needs/Allergies: _____

In case of an emergency contact: Name: _____ # _____

Field trip payments: Pay on **MySchoolBucks.com**. If you don't have an account, you must create one.

Acknowledgment of Liability Limitations and Assumption of Risk

Florida law provides that governmental entities, including school districts and their agents or employees, are not ordinarily liable for property damage, personal injury or accidental death, except in instances of gross negligence. Accordingly, parents assume risks any time students are permitted to travel and/or participate in school-related events. Treasure Coast Classical Academy acknowledges that you are not waiving your child's or your personal rights, as defined under the liability limitations (outlined in the state's tort claims law) by signing this permission authorization. However, the above-signed parent/guardian acknowledges disclosure that Treasure Coast Classical Academy reserves all rights, immunities, and qualified defenses available to it under the law in connection with the permitted activities subject of this authorization. You are also giving the Released Parties, their officers, directors, agents, members, employees, teachers, representatives, and volunteers permission to seek whatever medical attention is deemed necessary in the event of an emergency. I have read this carefully and know it contains a release.

(Parent/Legal Guardian Signature)

(Date)

(Parent/Legal Guardian Printed Name)