THE SCHOOL BOARD OF SEMINOLE COUNTY

DAY/OVERNIGHT FIELD TRIP/SCHOOL SPONSORED ACTIVITY CONSENT AND RELEASE FORM

This form must be read and signed by Parent/Legal Guardian of minor student(s) or Adult Student for any off-campus field trip or activity.

School/Department: SCPS Middle Schools Sponsor: Demetria Faison, Asst. Superintendent Date: 10/30/2025

☒ **DAY** Field Trip/School Sponsored Activity ☐ **OVERNIGHT** Field Trip/School Sponsored Activity

Student Name:_____ Grade:_____

Field Trip/School Sponsored Activity: "Science Unleashed: A Night of Discovery"

Destination: Orlando Science Center, 777 East Princeton Street, Orlando, FL 32803

Purpose of Field Trip/School Sponsored Activity: Students and families are invited to engage in hands-on experiments, view exhibits and films, and participate in the observatory experiences aligned to the Florida Science Standards at the Orlando Science Center. Families will dive into interactive exhibits, demonstrations, and engaging activities designed to ignite a passion for science in every family member.

Departure Date: Thursday, October 30, 2025 Departure Time: 4:30 PM

Return Date: Thursday, October 30, 2025 Return Time: 9:00 PM

Cost per Student: Free Cost per Chaperone: Free

**All chaperones must be an approved SCPS Dividend.*

Transportation Method:

X School Bus ☐ Charter Bus ☐ Walking ☐ Train ☐ Rental Vehicle

☐ Private Vehicle ☐ Public Transportation:_____ ☐ Transportation Not Provided

Lodging/Accommodations (**OVERNIGHT** Only):____N/A_____ Phone Number:_____

Address:_____

Additional Information Attached: _____ YES _____ NO Description:_____

Lunch (Please select one.): NA___Will need a school lunch (Lunch #:____) NA___ Will bring lunch from home

Allergies/Medical Conditions:_____

Medication Required _____ YES _____ NO (For OVERNIGHT, please complete the Student Medication Form):

Medical Insurance Company: _____ Policy/Group Numbers:_____

Emergency Contact Information:

Name (Please Print):_____ Relationship:_____

Phone Number:_____ Alternate Phone Number:_____

Name (Please Print):_____ Relationship:_____

Phone Number:_____ Alternate Phone Number:_____

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I (Please print – Parent/Legal Guardian Name) _____ give consent for my student

(Please print – Student Name) _____ to participate in this Field Trip / School Sponsored Activity.

I, (Please print – Parent/Legal Guardian Name/Adult Student) _____, understand that participation in this field trip/school sponsored activity is voluntary. I acknowledge and understand that there may be some risk involved in participating in this field trip/activity. In consideration, I, the undersigned, on my own behalf and/or on the behalf of my student, forever release the School Board of Seminole County, Florida (the "School Board" or "SCPS"), and any and all employees, agents, and volunteers from any liability for medical expenses, hospital expenses, disability, death, disfigurement, lost wages, diminished earning capacity, mental anguish, and emotional distress arising from this field trip/activity. I acknowledge that I have been informed of the potential for risk of harm or injury in participating in this field trip/activity, therefore, I agree that any insurance I may carry for myself and/or my student will be primary, and/or I will make arrangements, prior to this field trip/activity, to purchase student accident insurance to ensure insurance is available for my student for the duration of this field trip/activity. I understand that if my student is injured or becomes ill, the School Board of Seminole County, Florida, will not be liable unless the injury or illness is the result of gross negligence or intentional misconduct on the part of an employee of the School Board of Seminole County, Florida.

I acknowledge and authorize that my student may be transported to and from the destination for this field trip/activity. I understand that the School Board may or may not be providing transportation using School Board vehicles. In the event the student will be transported in a vehicle other than a school bus or other School Board owned vehicle, and in accordance with School Board policy 8660, each student's parent/legal guardian shall give prior written consent to the transportation of his/her student in a privately owned vehicle. I further release the School Board from any claim arising from the transportation of my student by me, my student, or a third party.

Parent/Legal Guardian/Adult Student Signature: _____ Date:_____

Completed, signed consent forms and payment must be returned to _____ by _____.

Teacher/Sponsor Name *Date*

SCPS Form 505 (01-2024)

Event Registration: https://scps.co1.qualtrics.com/jfe/form/SV_9YSPevlx7OpK6ua

Pre-Assessment: https://scps.co1.qualtrics.com/jfe/form/SV_eglQGdnbfrfP05o