

# Santa Rosa County District Schools

## Student Trip Guide 2018-2019



### *Quick Links:*

**School Bus Trips**

**Private Vehicle/Rental Car Requests**

**Charter Bus Trips**

### **Additional Fillable Forms:**

- 902420 Form K Work-Based Learning Program Authorization for Student Participation
- 902421 Form L On The Job Training Student Participation Authorization
- 902422 Form M Field Trip Attendance Application

**The packets above contain all the forms needed for that type of field trip. These forms are fillable.**

**Caution: Fillable forms will automatically open in the browser and not save properly.**

1. **Download/Save the desired packet or individual form to your computer.**
2. **Locate the file.**
3. **Right click it to select open with Adobe Acrobat Reader.**

**Using Acrobat is the only way to save your entries in the file properly.**

**Form B (bus request) is submitted online. All others can be printed and completed or the fillable form can be used and submitted. Parent signatures must be actual signatures (not electronic).**

# Contents

- I. GENERAL GUIDANCE..... 3**
- II. TRIPS ON SCHOOL BUSES ..... 5**
- III. TRIPS IN PRIVATE OR RENTED VEHICLES ..... 13**
  - Rental Vehicles ..... 14
  - Private (Personal) Vehicles ..... 14
- IV. TRIPS IN COMMON CARRIER (CHARTER) BUSES..... 22**
- V. APPENDIX OF ALL FORMS..... 30**
  - Form A – Field Trip/Off-Campus Activity Request.....31
  - Form B – School Bus Request (Example – Use Online Form) .....32
  - Form C – Parent School Bus Permission.....33
  - Form D – Parental Consent & Release for Charter Bus, Rental Vehicle, Private Vehicle or Walking Trips.....34
  - Form E – Parent Permission for Student Driver/Rider/Transport .....35
  - Form F – Private/Rented Vehicle Driver Certification .....36
  - Form G – Volunteer Drivers Of Private/Rented Vehicles .....37
  - Form H – Parent Medical Treatment Authorization .....38
  - Form I – Charter Bus/Common Carrier Services Checklist .....39
  - Form J – Charter Bus Pre-trip Checklist .....41
  - Form K – Work-Based Learning Program Authorization for Student Participation .....42
  - Form L – On the Job Training (OJT) Program Work Experience Student Participation Authorization Non-Paid or Paid Work Experience.....44
  - Form M – Field Trip Attendance Application .....46

## I. GENERAL GUIDANCE

### 1. Sustainment Statement

- A. This guide serves as the official School Board Policy regarding the transportation of students.
- B. This guide shall be maintained on the district web site.
- C. The Escambia County School District Student Trip Guide was modified and used as a framework for our district guide. Much of the content is replicated in our plan. We appreciate their partnership and the sharing of information.

### 2. Trips in Perspective – Student trips can and should be exciting and fulfilling events for everyone. They are generally events students and staff look forward to with great anticipation. However, as leaders, none of us can permit the excitement, anticipation, and sense of importance of the trip to overwhelm our need to pay attention to the “little things” that can be so consequential to student safety and accountability. Those “little things” should be attended to from very early in the planning process to the end of the trip.

**Field Trip/Activity Trip** – A school sponsored activity that falls within the realm of the normal curriculum including before/during/after/overnight extra-curricular activity trips.

### 3. Approval Requirements

- A. All trips must be planned and then approved by the school principal and/or the level director in advance, utilizing the Field Trip Request form (Form A). Approval signifies that the trip plan is in full compliance with all requirements for student trips as established in Florida statutes, School Board Rules, and this guide whether the trip is sponsored by a District entity, a club, or a non-affiliated organization, or whether it originates or ends on campus or off.
- B. All necessary approvals should be obtained before trip-related fundraising occurs.
- C. Students traveling in conjunction with any District-related trip shall be transported ONLY in vehicles approved by the District and be operated ONLY by drivers approved by the District.

### 4. Supervision

- A. All student trips shall be conducted under the supervision of a District employee.
- B. Chaperones and other adults who are not District employees shall have successfully completed the District Volunteer or Field Trip Application prior to accompanying students on the trip.
- C. Both male and female chaperones are required on overnight trips if both male and female students are on the trip.

### 5. Planning & Communication

- A. Field Trip transportation should be accomplished by school bus whenever practical, and generally by commercial common carrier otherwise. If using a commercial

The School Board of Santa Rosa County

common carrier, only companies listed as Approved Transportation Vendors shall be used. Santa Rosa County approved Charter Bus vendors are on the Escambia and Okaloosa County websites. See the link on our district purchasing department site.

- B. Trip planning should include consideration of conceivable contingencies, to include the possibility of an unapproved vehicle or driver showing up for the trip. Trip planners should be diligent in their coordination to ensure ONLY approved vehicles and drivers are slated for the trip. In the event a driver OR vehicle not already approved for student transportation appears for the trip, contact your principal immediately PRIOR to traveling. Drivers must have either their bus certification or they should be an approved driver with a Driver Certification on file (Form F – Private/Rented Vehicle Driver Certification).
  - C. Complete all documents required by this guide. The Field Trip Request Form (Form A) must be completed first then use other documents as appropriate after approval has been granted by the school principal.
  - D. The principal shall be provided contact information for chaperones, parents, the tour agency, the transportation carrier, and lodging.
6. **Student Safety**
- A. Students may be transported only in designated vehicle seating positions with a seatbelt. Makeshift seats and doubling-up to squeeze more students into the vehicle are not permitted.
  - B. Students must use the manufacturer's installed occupant crash protection devices at all times and in all seating positions. This includes use of seatbelts on school buses equipped with them.
  - C. Children age three (3) years and younger must be secured in an approved child safety seat at all times.
  - D. Children age twelve (12) and younger must ride in the rear seat if the vehicle has a front passenger airbag. The forces from the inflation of the airbag in an accident can kill small children/adults.
  - E. Never put a child's car seat in the front seat of an automobile.

## II. TRIPS ON SCHOOL BUSES

**Forms: A, B, C, H (as needed)**

**Note:** State law requires that school buses are to be used for student transportation to the maximum practical extent. Why?

- School buses are designed and constructed with safety features specifically intended to minimize the potential for injury to student passengers.
- School buses are rigorously inspected monthly, and they are maintained and operated only by qualified drivers trained to transport students.
- School bus operators complete a comprehensive training course that heavily emphasizes safety and defensive driving techniques. School bus operators must pass an annual physical, complete an initial employee background screening, satisfy Florida CDL licensing requirements, and maintain a favorable driving record.

[School Board Policy 4.43](https://sites.santarosa.k12.fl.us/policy/policy4_43.pdf): ([https://sites.santarosa.k12.fl.us/policy/policy4\\_43.pdf](https://sites.santarosa.k12.fl.us/policy/policy4_43.pdf))

Excerpt from policy: “Approval of the Superintendent and School Board must be received for an educational field trip or an extra-curricular trip that has a round trip distance that exceeds 200 miles, requires an overnight stay, or requires travel out of state. This includes trips using a school bus or a chartered bus operated by a commercial line. (EXCEPTION: Activities contracted and approved by the F.H.S.A.A., including band, cheerleading, or other such groups attending the sanctioned activity.)”

### 1. Procedure for Trips on School Buses

- PREPARE & SUBMIT** School Board Approved Field Trip/Off-Campus Activity Request (Form A).
- PREPARE & SUBMIT** a School Bus Request Form (Form B) for approval by the principal and grade level director at least one (1) week prior to the trip.
- PREPARE & SUBMIT** the Parent School Bus Permission form (Form C).

### 2. Important Notes Pertaining to Trips on School Buses

- School Bus Assignment.** Unless the trip is scheduled for a long-distance or overnight destination, transportation should be conducted via a contracted Santa Rosa County school bus.

### Important – District School Buses

---

*The only vehicles the District considers school buses are school buses owned and operated by STA (Student Transportation of America) or the District. Vendors operating vehicles in the school bus design, even if they were formerly used as school buses, do not qualify.*

---

- Field Trip Window.** The field trip window runs from 9:15am until 12:45pm. North-End Schools window runs from 8:00am until 1:30pm. The evening field trip window begins at 5:00pm.

**Note:** With regard to the daytime field trip window, students will not generally be picked up

The School Board of Santa Rosa County

for field trips until 9:15 AM and they must be off of the bus on school grounds again no later than 12:45pm (North End – 8:00am and 1:30pm).

- C. ***Out-of-Area Trips on School-Based Buses.*** If you're traveling beyond Okaloosa or Escambia County (Florida), and you are using a school-based bus, check with Transportation to ensure your school-based bus is up to the trip. If it's not, the garage will provide a bus that is, once you submit a School Bus Request (Form B).
- D. ***Bus Operator Coordination at the Field Trip Destination.*** Re-boarding times should be confirmed with the bus operator upon arrival at the activity trip site, and must allow five minutes for loading and head counts prior to departure time.
- E. ***Parking, Other Charges, and Parking Arrangement.*** It is the responsibility of the school to pay bridge tolls, highway or parking charges, and to make parking arrangements at the destination. Bus operators will not be responsible for paying these charges or for making parking arrangements.
- F. ***Food and Drinks on School Buses.*** Food and drinks may be transported on the bus, but these items may not be consumed on the bus without prior approval.
- G. ***Teachers/Chaperones.*** Teachers and chaperones are responsible for the behavior of students on the school bus during trips. Teachers and chaperones are expected to abide by and help enforce school bus rules and regulations as if the activity were conducted at school.
- H. ***Student Roster.*** A complete and accurate student roster must be provided to the bus operator prior to departure.
- I. ***Field Trips Involving School Buses on Early Release Days.*** Activity trips involving school buses will not generally be approved on early release days due to regular route scheduling conflicts.
- J. ***Field Trip Transportation Request Forms***
  - (1) In order to request a school bus and operator for the trip, submit the on line School Bus Request Form (Form B-numbered forms).
  - (2) All requests must be completed in their entirety (including funding codes) and approved by the person with the authority to allocate funds for the trip.
  - (3) School Bus Requests must be submitted to the Transportation Department at least 1 week prior to the date of the trip. Late submissions risk non-approval due to the inability of the Department to schedule bus operators for the times requested.
  - (4) The name and address of the trip destination must be clearly stated on the Field Trip Forms. If there are to be multiple destinations, each scheduled stop must be clearly identified on the form.
- K. ***School Bus Trip Verification.*** When a trip is complete, the teacher or chaperone must sign the bus operator's School Bus Request Form (Form B) to verify departure and return times.
- L. ***School-Based Buses and Bus Operators.***
  - (1) When approved, schools may utilize their own bus operators driving school-based buses. The Transportation Department will train school-based bus operators. We are not currently allowing volunteers to be approved to drive.
  - (2) These buses shall be operated only by District employees who possess valid CDL licenses, maintain current CDL physicals, have been trained and certified to operate

The School Board of Santa Rosa County

District school buses, and have attended annual in-service training during the current school year.

- (3) The school principal is responsible for ensuring school-based buses entrusted to his or her custody are cared for and operated in a manner consistent with policies and procedures pertaining to school bus operation.
- (4) ***School-based buses shall not be used for trips more than 50 miles from school until they have been approved for the trip by Transportation.*** Only buses specifically authorized and insured for trips out of state shall be taken to that state.
- (5) Accidents of any severity (even with no injuries to driver or students), wherever and whenever they occur, shall be reported immediately to the Transportation Department before moving the bus anywhere but out of the roadway. Thorough pre-trip and post-trip inspections, required by policy and by law will help ensure accident damage, however slight, is noted and reported in a timely fashion.
- (6) All roadside breakdowns shall be reported immediately to the Transportation Department. Buses shall not be towed or otherwise moved other than under their own power until or unless that action has been approved by the Transportation Department

M. ***Activity Bus Guidance.*** Check with school administration or your athletic director for guidance on use of activity buses.





The School Board of Santa Rosa County

**MEMORANDUM**

FROM: Jud Crane

SUBJECT: Field Trips Procedures and Charges

DATE: August 8, 2018

School buses serving schools on the 3-tier schedule will be available for field trips on school days between 9:15 a.m. and 12:45 p.m. Buses serving North-End Schools (Jay, Central, and Chumuckla) will be available between 8:00 a.m. – 1:30 p.m. Please share with all staff members involved with field trips that buses must be back and unloaded at the originating school no later than their scheduled time. Buses are also available after 5:00 p.m. weekdays, all day on weekends, and student holidays. Drivers cannot deviate from their normal schedule for field trips. Field trip requests must be received by the transportation office a minimum of one (1) week in advance of the trip.

The following applies:

1. The attached field trip form which can be found online must be used to request a field trip and emailed to the appropriate location:
  - Milton area schools: Melissa Weber [WeberM@santarosa.k12.fl.us](mailto:WeberM@santarosa.k12.fl.us)
  - Navarre area schools: Shay Peek [peeks@santarosa.k12.fl.us](mailto:peeks@santarosa.k12.fl.us) or Jason Hallam [HallamJ@santarosa.k12.fl.us](mailto:HallamJ@santarosa.k12.fl.us)
  - Gulf Breeze area schools: Christina Tarbox Garzon [TarboxC@santarosa.k12.fl.us](mailto:TarboxC@santarosa.k12.fl.us)
  - Pace area schools: Teresa Foster [FosterT@santarosa.k12.fl.us](mailto:FosterT@santarosa.k12.fl.us)
2. Cost for the field trip is \$25.00 per hour for bus and driver. (2 hour minimum). Cost for a bus attendant is \$15.00 per hour.
3. There will be no mileage charge for trips 150-miles or less from the school of origin to the destination and return to the school of origin. Any trip that exceeds the 150-mile limit will be charged \$ .90 per mile rate only for the distance traveled over the 150-mile limit.
4. All field trips must be paid within 30 days. If a trip goes beyond the 30 day payment window, no more field trips will be approved until the payment is received.
5. Field trips outside the standard time frames will still be allowed for educational events only. Schools requesting such a trip need to submit a field trip request as soon as possible.
6. A school credit card must be used if fuel needs to be purchased on the trip. Receipts must be turned in with the field trip forms to Melissa Weber at Transportation in order to receive reimbursement.

Trips requested less than one (1) week in advance will not be approved. If a school is able to furnish their own driver, i.e. teacher, coach or other employee with the proper certification, the cost will be \$.90 per mile. Even when the school provides a driver, a field trip request form must be received a minimum of one (1) week in advance. Bus drivers are not be permitted to volunteer their services. Buses will be furnished cleaned and swept, and must be returned in the same condition.

If a trip needs to be canceled, it must be done a minimum of 24 hours prior to the trip start-time. Any trip cancellation with less than 24-hour notification will result in a one-hour charge (\$25.00). Please share this information with all staff members who are involved with requesting field trip.

The last day for transportation services for field trips will be May 17, 2019. Activities after this time such as transportation to graduation practice, visits to other schools and similar events will be approved on a case by case basis.

**EXAMPLE Form B – School Bus Request**Please use the official numbered form for this submission, [which can be found here.](#)**SANTA ROSA COUNTY SCHOOL BOARD****FIELD TRIP AND/OR USE OF SCHOOL BUS(ES) REQUEST**

Date of form:

Date of trip:

Requesting Center Number

Activity Number

Class or Group making trip

Itinerary

Number of buses needed:

Number of Drivers needed:

Bus(es) departure and return times:

This request prepared by:

Principal's Signature

School agrees to pay driver(s) and reimburse School Board at the current rate from school to destination and return.**THIS SECTION TO BE COMPLETED BY SCHOOL BUS DRIVER(S)**

Fuel Credit (if any)

( attach ticket and return with form )

Bus Number	Driver	Miles	Starting Time	Ending Time	Total Hours	Employee ID #

If you have more than 6 drivers for one field trip, please fill out another field trip form. Please fill out all forms completely.

**FINANCIAL INFORMATION:****FUND-FUNCTION-OBJECT-CENTER-PROJECT-PROGRAM**


Total Amount Due/Received

Posted Date

Posted By

Submit

Clear Form

**Form C: Parent School Bus Permission**

School Name: \_\_\_\_\_ Trip Name: \_\_\_\_\_

Destination: \_\_\_\_\_ Date of Trip: \_\_\_\_\_

Estimated Time of Departure: \_\_\_\_\_ Estimated Time of Return: \_\_\_\_\_

**School Official : Are Chaperones Needed For This Trip? ☐Yes or ☐Not at this time**

***❖Parents, please complete all of the following information.❖***

Student's Name: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**A. Parent/Guardian Permission**

I understand that my son/daughter is not required to attend this field trip. I give permission for participation in the activity. I agree to release the Santa Rosa County School Board and its officials, officers, and employees from liability for any and all claims of injury which might occur while my son/daughter is participating in this field trip activity.

**B. Emergency Medical Authorization**

Should a medical emergency arise while my son/daughter is participating in this activity, I will be notified at the above number in order to approve medical treatment. In the event that I or one of the emergency contacts listed below cannot be reached, I give permission for immediate treatment as required in the judgment of the attending physician. I understand and agree that I will be responsible for the cost of such treatment.

Emergency Contact: \_\_\_\_\_ Phone: Number: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Group/Policy Number: \_\_\_\_\_

**If Chaperones are needed (see above), please complete.**

☐I would like to serve as a chaperone for this field trip.

☐I have a Volunteer Application (form SR000002) on file (***Requires School Board Approval***).

☐Please send me a blank Volunteer Application (from SR000002)

☐I would like to participate in this Field Trip as a visitor only.

☐I have a Field Trip Attendance Application (form SR####22) on file.

☐Please send me a blank Field Trip Attendance Application (form SR####22).

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## Form H – Parent Medical Treatment Authorization

***\*\*Required form for ONLY Out of the Tri-County Area and Overnight Trips***

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Ph: (\_\_\_\_)\_\_\_\_\_ Cell: (\_\_\_\_)\_\_\_\_\_ Work: (\_\_\_\_)\_\_\_\_\_

Person to contact in case of emergency IF parent cannot be reached:

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Ph: (\_\_\_\_)\_\_\_\_\_ Cell: (\_\_\_\_)\_\_\_\_\_ Work: (\_\_\_\_)\_\_\_\_\_

### MEDICAL INFORMATION

Name local primary physician: \_\_\_\_\_ Tel: \_\_\_\_\_

Medical Insurance Company and Policy No. \_\_\_\_\_

List Allergies: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_

List Health Conditions that may affect emergency treatment: \_\_\_\_\_

List prescription medications that **must** be administered during trip: \_\_\_\_\_

Provide a school district Dispersion of Medication Form 63-06-03 for each medication in the original, pharmacy-labeled container. Also list and include information on any non-prescription medications (all in original containers).

List any activities in which student cannot participate: \_\_\_\_\_

### Authorization and Release:

I, the undersigned lawful parent/guardian of \_\_\_\_\_, do hereby grant permission for my child to participate in the above listed activity. I do hereby release and agree to indemnify, defend, save, and hold harmless the School Board of Santa Rosa County, FL, its agents, including servants, employees, and successors, from any and all responsibility and liability arising out of my child's participation, directly or indirectly, in this activity, including travel to and from the event. I further release and agree to indemnify, defend, save, and hold harmless the School Board of Santa Rosa, FL, its agents, servants, and employees from any and all responsibility and liability arising out of the administering of first aid or obtaining and consenting to first aid or emergency medical care. I specifically acknowledge that I am responsible for all medical, surgical, and transportation costs if incurred by my child. I understand that the School Board, its employees or agents including the chaperones shall not be held liable for any personal injury or illness of my child.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

### III. TRIPS IN PRIVATE OR RENTED VEHICLES

Forms: A, D, E, F, G (and H as needed)

#### 1. Procedure for Trips in Private (Personal) or Rented Vehicles.

- A. **PREPARE & SUBMIT** a Field Trip/Off-Campus Activity Request form (Form A) for approval by the principal and grade level director.
- B. **PREPARE & MAINTAIN** on file the appropriate Parental Consent & Release for Charter Bus, Rental Vehicle, Private Vehicle or Walking Trips form (Form D) for all students planning to attend the trip.
- C. **PREPARE and SUBMIT** the Private/Rented Vehicle Driver Certification (Form F) for approval by the principal for all drivers planning on transporting students on the trip. Any driver, employee or parent or volunteer, must have one of these documents on file and approved prior to the trip.
- D. **Work-Based Programs** should use the Work-Based Learning Program Authorization for Student Participation form (Form K) in place of the Parent School Bus Permission form (Form C).
- E. **ESE OJT Programs** should use the On the Job Training (OJT) Program Work Experience Student Participation Authorization Non-Paid or Paid Work Experience form (Form L) in place of the Parental Consent & Release for Charter Bus, Rental Vehicle, Private Vehicle or Walking Trips form (Form D).

#### 2. Vehicles Not Suitable for Student Transportation

- Passenger vans designed to transport more than 10 passengers, including the driver;  
*This is currently a state safety guideline with no flexibility for larger passenger vans over 10 seats total. Seats may not be removed from larger vans to meet this requirement. The guidelines is related to axle length and vehicle physical specifications.*
- SUVs with a wheelbase of 110 inches or less;
- convertibles or any soft or open top vehicle;
- pick-up trucks, motorcycles, motor homes;
- jeeps (Jeep Wrangler, Suzuki Samurai, etc.);
- cut-away buses with fiberglass tops that lack steel framing integrated into the rest of the vehicle frame;
- most stretch limousines;
- any vehicle that has had its suspension, tires, body, seating, bumpers, etc. altered from its original design;
- any vehicle that has had any safety device removed, disabled, or altered;
- any vehicle in an obvious state of disrepair or shows signs of neglect, lack of maintenance, etc.

## Rental Vehicles

1. Vehicles rented for school activities should be rented from the company that holds the current State contract bid arrangement, which includes insurance coverage. You can contact the District Purchasing Department to verify the current State contract car rental agency information. Remember that when you rent or drive a rental vehicle outside of the State contract, you retain a measure of personal financial liability for injury or damage.
2. When you rent vehicles for school activities- You should not utilize your own personal auto insurance when renting vehicles. Rental vehicles are covered for liability by the district through the Enterprise contract and also through use of a school board credit card.

### Insurance Terms for Coverage

*Collision Damage Waiver (CDW) pays the full replacement cost of loss or damage to the rented vehicle if there is theft, crash, vandalism, etc.*

*Supplemental Liability Insurance Coverage (SLI) pays for bodily injury or property damage caused to the other parties involve in an auto accident if you are found to be at fault.*

*Personal Injury Protection (PIP) note: under Florida law, the driver and occupants of a rental vehicle are covered by their own family's automobile policy if injured in a motor vehicle crash.*

## Private (Personal) Vehicles

1. The District may authorize the transportation of students on trips in privately owned motor vehicles on a case-by-case basis in only these circumstances:
  - A. When a ***student is ill or injured*** and must be taken home or to a medical treatment facility under non-emergency circumstances, and (1) the school has been unable to contact the student's parent or the parent or responsible adult designated by the parent is not available to provide the transportation, (2) proper adult supervision of the student is available at the location to which the student is being transported, and (3) the transportation is approved by the school principal, or a school administrator designated by the principal to grant or deny such approval, or in the absence of the principal and designee, by the highest ranking school administrator or teacher available under the circumstances. If the school has been unable to contact the parent prior to the transportation, the school shall continue to seek to contact the parent until the school is able to notify the parent of the transportation and the pertinent circumstances.
  - B. When the transportation ***is in connection with a school function or event*** which the district school board or school has undertaken to participate in or provide the participation of students; and (1) the function or event is a single event that is not part of a scheduled series or sequence of events to the same location, such as, but not limited to, a field trip, a recreational outing, an interscholastic competition or cooperative event, an event connected with an extracurricular activity offered by the school, or an event connected to an educational program, such as, but not limited to, a job interview as part of a cooperative education program, and (2) transportation is not available, as a practical matter, using a school bus or rental car. Each student's parent must be notified, in writing, regarding the transportation arrangement and provide written consent before a student is transported in a privately owned motor vehicle.

- C. When the District requires employees such as school social workers and attendance officers to use their own motor vehicles *to perform duties of employment*, and such duties include the limited transportation of students.

## 2. Driver Requirements

- A. Drivers of privately owned passenger cars authorized by the principal to transport students as described above must have a valid license, one which is not suspended or revoked. Drivers must also have current automobile insurance coverage which includes personal injury protection benefits, bodily injury liability, and property damage with minimum limits set forth in Section 768.28, Florida Statutes, and must meet all of the criteria listed on Form F of this guide.

---

### Liability for Tort Claims

*When approval is granted for the transportation of students in a privately owned vehicle, the provisions in Section 1006.24, Florida Statutes, regarding liability for tort claims are applicable. District employees who provide approved transportation in privately owned vehicles are acting within the scope of their employment. Parents and other responsible adults who provide approved transportation in privately owned vehicles have the same exposure to, and protections from, risks of personal liability as do District employees acting within the scope of their employment.*

---

---

### Field Trip Vehicle Insurance Information

*All field trip drivers must complete the Private/Rented Vehicle Driver Certification (Form D). The information provided in that document shall be verified by the school principal or designee and maintained in the school file. In order to complete that form, field trip drivers need to present their vehicle insurance card.*

*The minimum insurance coverage required for private passenger automobiles used for school- related transportation is:*

- Bodily Injury insurance (BI)	\$100/\$300,000
- Property Damage insurance (PD)	\$50,000
- Personal Injury Protection (PIP)	\$10,000

---

## B. Parent Permission for Student Driver/Rider/Transport – (Form E)

- (1) This form should be used only on rare occurrences where a student would be approved to transport another student to a special event or activity. This should not occur on a regular basis. All approvals should include the Field Trip/Off-Campus Activity Request form (Form A) and all other options considered prior to an approval for student transport of other students. See other forms required of drivers (Forms F & G). Permissions of the driver and the rider must be obtained by the parent or holder of the automobile insurance policy.

## Form A – Field Trip/Off-Campus Activity Request

***Please complete all blanks. Return this completed form to the Principal for approval prior to scheduling any transportation arrangements.***

School Name: \_\_\_\_\_ Grade Level/Club/Group: \_\_\_\_\_

Teacher's/Requestor's Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Date(s) of Trips: \_\_\_\_\_ Time(s) of Trip: \_\_\_\_\_

Event/Destination: \_\_\_\_\_

Approximate Number of Students/Adults: \_\_\_\_\_

Means of Transportation Requested (check): ☐ Bus ☐ Charter Bus ☐ Rental Cars  
☐ Personal Vehicles ☐ Walking Trip

Other details your administrator may need to know for approval consideration:

---

---

---

**\*\*Trip sponsors should be given approval for Rental Cars and/or Personal Vehicles only after driver forms are submitted for administrative review.**

Site Based Approval:

\_\_\_\_\_  
School Principal Date

**\*\* If District Approval is not needed, please file trip permission at the school site.**

District Level Approval (for overnight, out of state, or round trips over 200 miles):

\_\_\_\_\_  
Grade Level Director Date

Submitted for School Board Review/Approval on: \_\_\_\_\_



**Form D - Parental Consent & Release for  
Charter Bus, Rental Vehicle, Private Vehicle or Walking Trips**

I/We, hereby grant permission for (Student Name) \_\_\_\_\_ to  
participate in an off-campus school activity of (Activity Name) \_\_\_\_\_ at  
(location) \_\_\_\_\_ on (date) \_\_\_\_\_ and to  
make incidental stops in route and return when determined to be necessary or desirable.

I/We, understand the method of transportation will be:

☐ Charter Bus      ☐ Rental Vehicle      ☐ Private Vehicle      ☐ Walking  
☐ Other (details): \_\_\_\_\_

I/We, understand that under present law, if my child is riding in a private passenger automobile which is involved in an accident, he/she will be primarily covered for bodily injury under my/our family automobile policy, and I/We agree to submit any medical bills incurred to my insurance company for payment. If my/our policy has been issued with a deductible clause relative to the personal injury protection, I/we understand that I/we have assumed that deductible amount when I/we purchased the policy.

I/We, on behalf of ourselves, in consideration of my/our child participating in the off-campus school activity, release and agree to save and hold harmless the School Board of Santa Rosa County, Florida, its agents, servants, and employees from any activity and from the obtaining of and consenting to medical treatment, and assume full responsibility and liability for any and all expenses, damage, accident, illness, injury, or medical expense of and to my/child or our property resulting from such participation. We attest and affirm that the participant is physically fit and able to participate in the activity and we have not been advised or informed by anyone to the contrary.

In the event of an accident requiring emergency care, a reasonable effort will be made to notify the parent/guardian if practicable. By the signature below, the parent/guardian hereby authorizes any emergency medical treatment and/or hospitalization deemed necessary by emergency response or medical personnel.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Santa Rosa County District Schools

Form E – Parent Permission for Student Driver/Rider/Transport

By signing the waivers below, I understand and assume the risks of my student's participation in vehicle transportation. For myself, my heirs, and assigns, I agree to waive, release, and forever discharge any claim for injury or damage and to hold Santa Rosa County School Board and their officials, agents, and employees harmless from any claim, loss, liability or expense, including attorney fees, resulting directly or indirectly from their participation in transportation, except in those cases where the acts of Santa Rosa County School Board and their officials, agents, or employees have been determined to be negligent by a court of competent jurisdiction.

PARENT PERMISSION FOR STUDENT DRIVER

I hereby give permission for \_\_\_\_\_ to drive a personal vehicle to \_\_\_\_\_. My son/daughter is properly licensed to drive and is covered by liability insurance required in the State of Florida. I understand and accept the liability that results from the granting of this permission.

\_\_\_\_\_  
Parent/Guardian Printed Name & Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student License No.

\_\_\_\_\_  
Expires

\_\_\_\_\_  
Policy Name

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Expires

**\*\* Also complete Volunteer Drivers of Private/Rented Vehicles form (Form G)**

PARENT PERMISSION FOR STUDENT TO TRANSPORT OTHER STUDENTS

I hereby give permission for \_\_\_\_\_ to transport fellow students in their personal vehicle to \_\_\_\_\_. My son/daughter is properly licensed to drive and is covered by liability insurance required in the State of Florida. My son/daughter has a safe driving record. Understand and accept the liability that results from the granting of this permission.

\_\_\_\_\_  
Parent/Guardian Printed Name & Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student License No.

\_\_\_\_\_  
Expires

\_\_\_\_\_  
Policy Name

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Expires

**\*\* Also complete Private/Rented Vehicle Driver Certification form (Form G)**

RIDER TRANSPORTED BY ANOTHER STUDENT PERMISSION FORM

I hereby give permission for \_\_\_\_\_ to ride with fellow students to \_\_\_\_\_. I understand the liability that results from the granting of this permission rests with the owner/driver of the vehicle.

\_\_\_\_\_  
Parent/Guardian Printed Name and Signature

\_\_\_\_\_  
Date

Form F – Private/Rented Vehicle Driver Certification

***Driver of the vehicle must sign.***

I certify that I possess the minimum insurance coverage required for private passenger automobiles used for school-related transportation, and that I will immediately notify the program sponsor if such coverage is cancelled or is not renewed:

- Bodily Injury Insurance (BI): \$100/\$300,000
- Property Damage Insurance (PD): \$50,000
- Personal Injury Protection (PIP): \$10,000

***\*\* Driver should attach a copy of his/her active insurance coverage***

I agree to report to the program sponsor any accident or traffic violation occurring while driving on a school related activity as soon as possible. I certify that I do not have any major violations or series of other violations, as listed below that would cause me to be classified as an unacceptable driver.

☐ In the past seven (7) years I HAVE NOT been charged and convicted of one or more of the following major violations:

- f. Driving under the influence of alcohol or drugs
- g. Hit and run
- h. Reckless driving

☐ In the past three (3) years, I HAVE NOT been convicted:

- i. As at fault in two (2) or more accidents, or
- j. Of two (2) or more moving violations

☐ I DO NOT currently have a suspended or revoked driver's license.

***\*\* Driver should attach a copy of his/her valid driver's license.***

\_\_\_\_\_  
Name of Driver (Owner)

\_\_\_\_\_  
Signature of Driver (Owner)

\_\_\_\_\_  
Date

In addition to the above, if a site administrator in his/her judgment believes a driver is unacceptable, he/she may deem the driver unacceptable.

MVR reports may be obtained from the Department of Highway Safety and Motor Vehicles (DMV), Bureau of Driver License Records. This may be done on special request and may be requested by the school principal.

Form G - Volunteer Drivers Of Private/Rented Vehicles

*(Driver of a vehicle transporting students must sign.)*

School/School Function: \_\_\_\_\_

Date: \_\_\_\_\_

Employee, Parent or Volunteer:

We appreciate your help and cooperation in transporting our students. Since you have offered your services it is only fair that we, the school, and the School Board ensure that you are aware of the situation in which parents, teachers and volunteers place themselves when they transport pupils in private vehicles, or rental vehicles.

Employees, parents, and volunteers driving vehicles on school-related trips should be aware that they assume personal financial liability if an accident should occur. All vehicle owners are responsible for loss and accidental damage to their automobiles. Vehicles rented from our approved vendor and purchased using a district credit card are insured for approved drivers. Vehicles rented outside the approved vendor list are not insured and additional insurance should be obtained at the time of rental.

All students must wear seat belts “in a properly adjusted securely fastened manner.” There must be a seat belt for each pupil transported. Each volunteer driver must provide a copy of their insurance coverage and driver’s license. This information is to be forwarded and kept on file with the school principal. The information is kept confidential.

While using or operating a private/personal motor vehicle with the approval or authority of the school district on a school function, you are **not** covered for third party liability damages in excess of your required coverage. Please understand it is your personal insurance providing coverage for liability and injury. Therefore, it is essential your insurance policy provides a minimum of \$100,000 per person, \$300,000 per occurrence for bodily injury, and \$50,000 property damage.

You should have the names, addresses and phone numbers of all passengers. Your vehicle should be in good repair. You should know the routes, schedules, and details of all activities. The number of students transported will be limited by the specified capacity limits of your vehicle and the corresponding seat belts provided.

Thank you for your valuable assistance and extra effort you put into our schools’ activities.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Volunteer Driver

\_\_\_\_\_  
Date

## Form H – Parent Medical Treatment Authorization

***\*\*Required form for ONLY Out of the Tri-County Area and Overnight Trips***

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Ph: (\_\_\_\_)\_\_\_\_\_ Cell: (\_\_\_\_)\_\_\_\_\_ Work: (\_\_\_\_)\_\_\_\_\_

Person to contact in case of emergency IF parent cannot be reached:

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Ph: (\_\_\_\_)\_\_\_\_\_ Cell: (\_\_\_\_)\_\_\_\_\_ Work: (\_\_\_\_)\_\_\_\_\_

### MEDICAL INFORMATION

Name local primary physician: \_\_\_\_\_ Tel: \_\_\_\_\_

Medical Insurance Company and Policy No. \_\_\_\_\_

List Allergies: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_

List Health Conditions that may affect emergency treatment: \_\_\_\_\_

List prescription medications that **must** be administered during trip: \_\_\_\_\_

Provide a school district Dispersion of Medication Form 63-06-03 for each medication in the original, pharmacy-labeled container. Also list and include information on any non-prescription medications (all in original containers).

List any activities in which student cannot participate: \_\_\_\_\_

### Authorization and Release:

I, the undersigned lawful parent/guardian of \_\_\_\_\_, do hereby grant permission for my child to participate in the above listed activity. I do hereby release and agree to indemnify, defend, save, and hold harmless the School Board of Santa Rosa County, FL, its agents, including servants, employees, and successors, from any and all responsibility and liability arising out of my child's participation, directly or indirectly, in this activity, including travel to and from the event. I further release and agree to indemnify, defend, save, and hold harmless the School Board of Santa Rosa, FL, its agents, servants, and employees from any and all responsibility and liability arising out of the administering of first aid or obtaining and consenting to first aid or emergency medical care. I specifically acknowledge that I am responsible for all medical, surgical, and transportation costs if incurred by my child. I understand that the School Board, its employees or agents including the chaperones shall not be held liable for any personal injury or illness of my child.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

## IV. TRIPS IN COMMON CARRIER (CHARTER) BUSES

Forms A, D, H (as needed), I, and J

### Florida Statutes, Section 1006.22

*District school boards may contract with a common carrier to transport students to and from in-season and post-season athletic contests and to and from a school function or event in which the district school board or a school has undertaken to participate or to provide for or sponsor the participation of students.*

1. Our school district utilizes approved charter bus vendors from neighboring county lists (Escambia and Okaloosa). The following information is obtained each year by these counties to assure qualified drivers and safe vehicles are used to transport students.
2. Charter Bus Companies not on the approved list may not transport students. If you have questions about a company approval, please contact your Grade Level Director who will work with Purchasing on any exceptions or special needs.
3. ***Posting Approved Vendor and Vehicle Information on the Web.*** See the [Santa Rosa School District's Purchasing Site](https://goo.gl/T4uWck) for links to the Escambia and Okaloosa Approved Vendor Lists. (<https://goo.gl/T4uWck>)
4. ***Procedure for Trips in Common Carrier (Charter) Buses.***
  - A. CHECK the list of approved common carrier vendors and buses before contracting with a common carrier company. Only approved vendors and buses may be utilized to transport District students.
  - B. PREPARE & SUBMIT the Field Trip/Off-Campus Activity Request (Form A) for approval by the principal and level director.
  - C. PREPARE & Retain a Copy of all Parent School Bus Permission forms (Form C). If a trip is out of the tri-county area or overnight, please include and obtain the more detailed health/medical information from the parent prior to the trip (Form H).
  - D. Resource Documents – The Charter Bus/Common Carrier Services Checklist (Form I) and the Charter Bus Pre-trip Checklist (Form J).
  - E. When the bus arrives on campus, VERIFY the bus is the bus you chartered, or if it is not the bus you chartered, that it is included on the District's list of approved buses.
5. ***Note:*** Verify the company and the vehicle early in the planning process in order to ensure you don't budget funds and make plans that all fall through at the last moment because the vendor, bus, or driver had not been approved by the District.
  - A. Students must be seated one-to-a-seat, and only in forward-facing seats, with the provided seat belt operational for use.
6. ***Note:*** Remember that endorsement of vendors does not imply quality of customer service. If you experience poor customer service or you encounter unsafe practices of any kind, you should report those concerns to the Purchasing Department and safety concerns to the School Principal.

## Form A – Field Trip/Off-Campus Activity Request

***Please complete all blanks. Return this completed form to the Principal for approval prior to scheduling any transportation arrangements.***

School Name: \_\_\_\_\_ Grade Level/Club/Group: \_\_\_\_\_

Teacher's/Requestor's Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Date(s) of Trips: \_\_\_\_\_ Time(s) of Trip: \_\_\_\_\_

Event/Destination: \_\_\_\_\_

Approximate Number of Students/Adults: \_\_\_\_\_

Means of Transportation Requested (check): ☐ Bus ☐ Charter Bus ☐ Rental Cars  
☐ Personal Vehicles ☐ Walking Trip

Other details your administrator may need to know for approval consideration:

---

---

---

\*\* Trip sponsors should be given approval for Rental Cars and/or Personal Vehicles only after driver forms are submitted for administrative review.

Site Based Approval:

\_\_\_\_\_  
School Principal Date

\*\* If District Approval is not needed, please file trip permission at the school site.

District Level Approval (for overnight, out of state, or round trips over 200 miles):

\_\_\_\_\_  
Grade Level Director Date

Submitted for School Board Review/Approval on: \_\_\_\_\_

**Form D - Parental Consent & Release for  
Charter Bus, Rental Vehicle, Private Vehicle or Walking Trips**

I/We, hereby grant permission for (Student Name) \_\_\_\_\_ to  
participate in an off-campus school activity of (Activity Name) \_\_\_\_\_ at  
(location) \_\_\_\_\_ on (date) \_\_\_\_\_ and to  
make incidental stops in route and return when determined to be necessary or desirable.

I/We, understand the method of transportation will be:

☐ Charter Bus      ☐ Rental Vehicle      ☐ Private Vehicle      ☐ Walking  
☐ Other (details): \_\_\_\_\_

I/We, understand that under present law, if my child is riding in a private passenger automobile which is involved in an accident, he/she will be primarily covered for bodily injury under my/our family automobile policy, and I/We agree to submit any medical bills incurred to my insurance company for payment. If my/our policy has been issued with a deductible clause relative to the personal injury protection, I/we understand that I/we have assumed that deductible amount when I/we purchased the policy.

I/We, on behalf of ourselves, in consideration of my/our child participating in the off-campus school activity, release and agree to save and hold harmless the School Board of Santa Rosa County, Florida, its agents, servants, and employees from any activity and from the obtaining of and consenting to medical treatment, and assume full responsibility and liability for any and all expenses, damage, accident, illness, injury, or medical expense of and to my/child or our property resulting from such participation. We attest and affirm that the participant is physically fit and able to participate in the activity and we have not been advised or informed by anyone to the contrary.

In the event of an accident requiring emergency care, a reasonable effort will be made to notify the parent/guardian if practicable. By the signature below, the parent/guardian hereby authorizes any emergency medical treatment and/or hospitalization deemed necessary by emergency response or medical personnel.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## Form H – Parent Medical Treatment Authorization

***\*\*Required form for ONLY Out of the Tri-County Area and Overnight Trips***

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Ph: (\_\_\_\_)\_\_\_\_\_ Cell: (\_\_\_\_)\_\_\_\_\_ Work: (\_\_\_\_)\_\_\_\_\_

Person to contact in case of emergency IF parent cannot be reached:

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Ph: (\_\_\_\_)\_\_\_\_\_ Cell: (\_\_\_\_)\_\_\_\_\_ Work: (\_\_\_\_)\_\_\_\_\_

### MEDICAL INFORMATION

Name local primary physician: \_\_\_\_\_ Tel: \_\_\_\_\_

Medical Insurance Company and Policy No. \_\_\_\_\_

List Allergies: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_

List Health Conditions that may affect emergency treatment: \_\_\_\_\_

List prescription medications that **must** be administered during trip: \_\_\_\_\_

Provide a school district Dispersion of Medication Form 63-06-03 for each medication in the original, pharmacy-labeled container. Also list and include information on any non-prescription medications (all in original containers).

List any activities in which student cannot participate: \_\_\_\_\_

### Authorization and Release:

I, the undersigned lawful parent/guardian of \_\_\_\_\_, do hereby grant permission for my child to participate in the above listed activity. I do hereby release and agree to indemnify, defend, save, and hold harmless the School Board of Santa Rosa County, FL, its agents, including servants, employees, and successors, from any and all responsibility and liability arising out of my child's participation, directly or indirectly, in this activity, including travel to and from the event. I further release and agree to indemnify, defend, save, and hold harmless the School Board of Santa Rosa, FL, its agents, servants, and employees from any and all responsibility and liability arising out of the administering of first aid or obtaining and consenting to first aid or emergency medical care. I specifically acknowledge that I am responsible for all medical, surgical, and transportation costs if incurred by my child. I understand that the School Board, its employees or agents including the chaperones shall not be held liable for any personal injury or illness of my child.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

**Form I - Charter Bus/Common Carrier Services Checklist**

***For use as needed or required by the school-based administrator. Refer to the link, below, for approved Charter Bus Vendors and procedures. (Optional but helpful for planning.)***

**Posting Approved Vendor and Vehicle Information on the Web.** See the [Santa Rosa School District's Purchasing Site for links to the Escambia and Okaloosa Approved Vendor Lists](https://goa.santa-rosacounty.org/charter-bus-vendors).

(<https://goo.gl/T4uWck>)

***Select a common carrier company from the Authorized Carrier's List***

- ☐ Name of Company contracted: \_\_\_\_\_
- ☐ Name of Company Contact person: \_\_\_\_\_
- ☐ Phone number: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_
- ☐ Fax number: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_
- ☐ E-mail address: \_\_\_\_\_
- ☐ Mailing address: \_\_\_\_\_

***Be ready to provide the common carrier company the following information:***

- ☐ Name of school and group sponsoring trip: \_\_\_\_\_
- ☐ Trip departure date: \_\_\_\_\_ Time: \_\_\_\_\_ ☐ AM ☐ PM
- ☐ Pick-up location: \_\_\_\_\_
- ☐ Trip itinerary: – attach a separate document that describes in detail where the bus(es) must transport students
- ☐ Trip return date: \_\_\_\_\_ Time: \_\_\_\_\_ ☐ AM ☐ PM
- ☐ Drop-off location: \_\_\_\_\_
- ☐ Total number of passengers going on trip (students, teachers, chaperones, etc.): \_\_\_\_\_
- ☐ If any unusual equipment/luggage (e.g. band equipment) is to be transported, specify what type and how much?

---

---

---

- ☐ List any special requirements for the bus(es) (e.g., handicapped accessible, large equipment storage).

---

---

***Confirm with the common carrier company:***

- ☐ Name of emergency contact person: \_\_\_\_\_
- ☐ All-hours phone number: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_
- ☐ Number of drivers required: \_\_\_\_\_
- ☐ Total trip mileage: \_\_\_\_\_
- ☐ If two or more drivers are required, how and when should the school expect the drivers to rotate driving duties? \_\_\_\_\_

---

Specify seating capacity and special requirements for each bus/vehicle required:

Bus/Vehicle Number	Seating Capacity	Special Requirements	ID Number

***Trip Costs and Payment Method***

☐ What is the common carrier company's fee for transportation services and how is it computed?

☐ Daily rate per bus \$ \_\_\_\_\_ Mileage fee \$ \_\_\_\_\_ per mile

☐ Other fees and costs \$ \_\_\_\_\_

☐ The school may be responsible for other charges. Itemize such charges in detail.

---



---

☐ Total charges for all transportation services estimated. \$ \_\_\_\_\_

☐ Who will pay for the services (who should be invoiced if not the school representative) and who made the travel arrangements?

---

☐ Who made the transportation arrangements for the School District?

---

☐ Name, address and phone number of person coordinating activity for billing purposes

---



---

☐ Contact person at company to address billing related questions \_\_\_\_\_

**Form J – Charter Bus Pre-trip Checklist**

*(For review prior to a long trip.)*

School or Group Sponsoring Trip: \_\_\_\_\_

Trip Departure Date: \_\_\_\_\_ Pick-up Location: \_\_\_\_\_

Trip Return Date: \_\_\_\_\_ Drop-off Location: \_\_\_\_\_

Contracted Authorized Carrier: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

# of Buses/Vehicles Contracted: \_\_\_\_\_

**PRIOR TO THE DAY OF THE TRIP**

- ☐ Review the terms of the Letter of Agreement
- ☐ A copy of the itinerary and travel route is filed with school administration

**VEHICLE ARRIVAL**

- ☐ Vehicle is Operational
- ☐ The company whose vehicle(s) arrive is the company that was contracted for this trip. If the vehicle(s) is not from that company, ensure that the vehicle(s) is from a valid subcontractor of that company and that they are on the District's Authorized Carrier's List and that the vehicle itself has been approved by the District.
- ☐ The proper number of buses and drivers are present, as stipulated in the contract for the trip.

**VEHICLE SAFETY CHECK**

- ☐ Windows/windshield not severely cracked
- ☐ Tires in good shape (no damaged or tread-less tires and all appear to be properly inflated)
- ☐ Fire extinguisher present and in working order
- ☐ Copy of the annual safety inspection (either sticker or form) available

**DRIVER/VEHICLE INFORMATION**

- ☐ Valid commercial Driver License with a P (passenger) endorsement Valid medical certificate (pocket card)
- ☐ Driver's record of duty status (log book)
- ☐ Vehicle's USDOT annual inspection document, either a sticker or on paper (Note: these documents indicate the date of inspection, not the date of expiration and are usually valid for only one year.)

**ON THE TRIP**

- ☐ Take a copy of the letter of agreement on the trip. The emergency contact's name and phone number should be on that form.

**V. APPENDIX OF ALL FORMS**



## Form B – School Bus Request (Example – Use Online Form)

Please use [this link for the official numbered School Bus Request for your submission..](#)

FIELD TRIP AND/OR USE OF SCHOOL BUS(ES) REQUEST

Date of form:

Date of trip:

Requesting Center Number

0

Activity Number

Class or Group making trip

Itinerary

Number of buses needed:

0

Number of Drivers needed:

0

Bus(es) departure and return times:

This request prepared by:

Principal's Signature

School agrees to pay driver(s) and reimburse School Board at the current rate from school to destination and return.

### THIS SECTION TO BE COMPLETED BY SCHOOL BUS DRIVER(S)

Fuel Credit (if any)

( attach ticket and return with form )

Bus Number	Driver	Miles	Starting Time	Ending Time	Total Hours	Employee ID #

If you have more than 6 drivers for one field trip, please fill out another field trip form. Please fill out all forms completely.

### FINANCIAL INFORMATION:

FUND-FUNCTION-OBJECT-CENTER-PROJECT-PROGRAM


Total Amount Due/Received

Posted Date

Posted By

Submit

Clear Form

**Form C – Parent School Bus Permission**

School Name: \_\_\_\_\_ Trip Name: \_\_\_\_\_

Destination: \_\_\_\_\_ Date of Trip: \_\_\_\_\_

Estimated Time of Departure: \_\_\_\_\_ Estimated Time of Return: \_\_\_\_\_

**School Official : Are Chaperones Needed For This Trip? ☐Yes or ☐Not at this time**

***✱Parents, please complete all of the following information.✱***

Student's Name: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**C. Parent/Guardian Permission**

I understand that my son/daughter is not required to attend this field trip. I give permission for participation in the activity. I agree to release the Santa Rosa County School Board and its officials, officers, and employees from liability for any and all claims of injury which might occur while my son/daughter is participating in this field trip activity.

**D. Emergency Medical Authorization**

Should a medical emergency arise while my son/daughter is participating in this activity, I will be notified at the above number in order to approve medical treatment. In the event that I or one of the emergency contacts listed below cannot be reached, I give permission for immediate treatment as required in the judgment of the attending physician. I understand and agree that I will be responsible for the cost of such treatment.

Emergency Contact: \_\_\_\_\_ Phone: Number: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Group/Policy Number: \_\_\_\_\_

If Chaperones are needed (see above), please complete.

☐ I would like to serve as a chaperone for this field trip.

☐ I have a Volunteer Application (form SR000002) on file (***Requires School Board Approval***).

☐ Please send me a blank Volunteer Application (from SR000002)

☐ I would like to participate in this Field Trip as a visitor only.

☐ I have a Field Trip Attendance Application (form SR####22) on file.

☐ Please send me a blank Field Trip Attendance Application (form SR####22).

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



**Form D – Parental Consent & Release for  
Charter Bus, Rental Vehicle, Private Vehicle or Walking Trips**

I/We, hereby grant permission for (Student Name) \_\_\_\_\_ to  
participate in an off-campus school activity of (Activity Name) \_\_\_\_\_ at  
(location) \_\_\_\_\_ on (date) \_\_\_\_\_ and to  
make incidental stops in route and return when determined to be necessary or desirable.

I/We, understand the method of transportation will be:

☐ Charter Bus      ☐ Rental Vehicle      ☐ Private Vehicle      ☐ Walking  
☐ Other (details): \_\_\_\_\_

I/We, understand that under present law, if my child is riding in a private passenger automobile which is involved in an accident, he/she will be primarily covered for bodily injury under my/our family automobile policy, and I/We agree to submit any medical bills incurred to my insurance company for payment. If my/our policy has been issued with a deductible clause relative to the personal injury protection, I/we understand that I/we have assumed that deductible amount when I/we purchased the policy.

I/We, on behalf of ourselves, in consideration of my/our child participating in the off-campus school activity, release and agree to save and hold harmless the School Board of Santa Rosa County, Florida, its agents, servants, and employees from any activity and from the obtaining of and consenting to medical treatment, and assume full responsibility and liability for any and all expenses, damage, accident, illness, injury, or medical expense of and to my/child or our property resulting from such participation. We attest and affirm that the participant is physically fit and able to participate in the activity and we have not been advised or informed by anyone to the contrary.

In the event of an accident requiring emergency care, a reasonable effort will be made to notify the parent/guardian if practicable. By the signature below, the parent/guardian hereby authorizes any emergency medical treatment and/or hospitalization deemed necessary by emergency response or medical personnel.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## Form E – Parent Permission for Student Driver/Rider/Transport

By signing the waivers below, I understand and assume the risks of my student's participation in vehicle transportation. For myself, my heirs, and assigns, I agree to waive, release, and forever discharge any claim for injury or damage and to hold Santa Rosa County School Board and their officials, agents, and employees harmless from any claim, loss, liability or expense, including attorney fees, resulting directly or indirectly from their participation in transportation, except in those cases where the acts of Santa Rosa County School Board and their officials, agents, or employees have been determined to be negligent by a court of competent jurisdiction.

### PARENT PERMISSION FOR STUDENT DRIVER

I hereby give permission for \_\_\_\_\_ to drive a personal vehicle to \_\_\_\_\_. My son/daughter is properly licensed to drive and is covered by liability insurance required in the State of Florida. I understand and accept the liability that results from the granting of this permission.

Parent/Guardian Printed Name & Signature	Date
Student License No.	Expires
	Policy Name
	Policy Number
	Expires

**\*\* Also complete Volunteer Drivers of Private/Rented Vehicles form (Form G)**

### PARENT PERMISSION FOR STUDENT TO TRANSPORT OTHER STUDENTS

I hereby give permission for \_\_\_\_\_ to transport fellow students in their personal vehicle to \_\_\_\_\_. My son/daughter is properly licensed to drive and is covered by liability insurance required in the State of Florida. My son/daughter has a safe driving record. Understand and accept the liability that results from the granting of this permission.

Parent/Guardian Printed Name & Signature	Date
Student License No.	Expires
	Policy Name
	Policy Number
	Expires

**\*\* Also complete Private/Rented Vehicle Driver Certification form (Form F)**

### RIDER TRANSPORTED BY ANOTHER STUDENT PERMISSION FORM

I hereby give permission for \_\_\_\_\_ to ride with fellow students to \_\_\_\_\_. I understand the liability that results from the granting of this permission rests with the owner/driver of the vehicle.

Parent/Guardian Printed Name and Signature	Date
--	------

**Form F – Private/Rented Vehicle Driver Certification**

***Driver of the vehicle must sign.***

I certify that I possess the minimum insurance coverage required for private passenger automobiles used for school-related transportation, and that I will immediately notify the program sponsor if such coverage is cancelled or is not renewed:

- Bodily Injury Insurance (BI): \$100/\$300,000
- Property Damage Insurance (PD): \$50,000
- Personal Injury Protection (PIP): \$10,000

***\*\* Driver should attach a copy of his/her active insurance coverage***

I agree to report to the program sponsor any accident or traffic violation occurring while driving on a school related activity as soon as possible. I certify that I do not have any major violations or series of other violations, as listed below that would cause me to be classified as an unacceptable driver.

☐ In the past seven (7) years I HAVE NOT been charged and convicted of one or more of the following major violations:

- f. Driving under the influence of alcohol or drugs
- g. Hit and run
- h. Reckless driving

☐ In the past three (3) years, I HAVE NOT been convicted:

- i. As at fault in two (2) or more accidents, or
- j. Of two (2) or more moving violations

☐ I DO NOT currently have a suspended or revoked driver's license.

***\*\* Driver should attach a copy of his/her valid driver's license.***

\_\_\_\_\_  
Name of Driver (Owner)

\_\_\_\_\_  
Signature of Driver (Owner)

\_\_\_\_\_  
Date

In addition to the above, if a site administrator in his/her judgment believes a driver is unacceptable, he/she may deem the driver unacceptable.

MVR reports may be obtained from the Department of Highway Safety and Motor Vehicles (DMV), Bureau of Driver License Records. This may be done on special request and may be requested by the school principal.

Form G – Volunteer Drivers Of Private/Rented Vehicles

*Driver of a vehicle transporting students must sign.*

School/School Function: \_\_\_\_\_

Date: \_\_\_\_\_

Employee, Parent or Volunteer:

We appreciate your help and cooperation in transporting our students. Since you have offered your services it is only fair that we, the school, and the School Board ensure that you are aware of the situation in which parents, teachers and volunteers place themselves when they transport pupils in private vehicles, or rental vehicles.

Employees, parents, and volunteers driving vehicles on school-related trips should be aware that they assume personal financial liability if an accident should occur. All vehicle owners are responsible for loss and accidental damage to their automobiles. Vehicles rented from our approved vendor and purchased using a district credit card are insured for approved drivers. Vehicles rented outside the approved vendor list are not insured and additional insurance should be obtained at the time of rental.

All students must wear seat belts “in a properly adjusted securely fastened manner.” There must be a seat belt for each pupil transported. Each volunteer driver must provide a copy of their insurance coverage and driver’s license. This information is to be forwarded and kept on file with the school principal. The information is kept confidential.

While using or operating a private/personal motor vehicle with the approval or authority of the school district on a school function, you are **not** covered for third party liability damages in excess of your required coverage. Please understand it is your personal insurance providing coverage for liability and injury. Therefore, it is essential your insurance policy provides a minimum of \$100,000 per person, \$300,000 per occurrence for bodily injury, and \$50,000 property damage.

You should have the names, addresses and phone numbers of all passengers. Your vehicle should be in good repair. You should know the routes, schedules, and details of all activities. The number of students transported will be limited by the specified capacity limits of your vehicle and the corresponding seat belts provided.

Thank you for your valuable assistance and extra effort you put into our schools’ activities.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Volunteer Driver

\_\_\_\_\_  
Date

Form H – Parent Medical Treatment Authorization

***\*\*Required form for ONLY Out of the Tri-County Area and Overnight Trips***

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Ph: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Person to contact in case of emergency IF parent cannot be reached:

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Ph: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

**MEDICAL INFORMATION**

Name local primary physician: \_\_\_\_\_ Tel: \_\_\_\_\_

Medical Insurance Company and Policy No. \_\_\_\_\_

List Allergies: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_

List Health Conditions that may affect emergency treatment: \_\_\_\_\_

List prescription medications that **must** be administered during trip: \_\_\_\_\_

Provide a school district Dispersion of Medication Form 63-06-03 for each medication in the original, pharmacy-labeled container. Also list and include information on any non-prescription medications (all in original containers).

List any activities in which student cannot participate: \_\_\_\_\_

**Authorization and Release:**

I, the undersigned lawful parent/guardian of \_\_\_\_\_, do hereby grant permission for my child to participate in the above listed activity. I do hereby release and agree to indemnify, defend, save, and hold harmless the School Board of Santa Rosa County, FL, its agents, including servants, employees, and successors, from any and all responsibility and liability arising out of my child's participation, directly or indirectly, in this activity, including travel to and from the event. I further release and agree to indemnify, defend, save, and hold harmless the School Board of Santa Rosa, FL, its agents, servants, and employees from any and all responsibility and liability arising out of the administering of first aid or obtaining and consenting to first aid or emergency medical care. I specifically acknowledge that I am responsible for all medical, surgical, and transportation costs if incurred by my child. I understand that the School Board, its employees or agents including the chaperones shall not be held liable for any personal injury or illness of my child.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

## Form I – Charter Bus/Common Carrier Services Checklist

*For use as needed or required by the school-based administrator. Refer to the link, below, for approved Charter Bus Vendors and procedures. (Optional but helpful for planning.)*

**Posting Approved Vendor and Vehicle Information on the Web.** See the [Santa Rosa School District's Purchasing Site](https://www.santa-rosa.k12.fl.us/district/purchasing) for links to the Escambia and Okaloosa Approved Vendor Lists.

(<https://goo.gl/T4uWck>)

**Select a common carrier company from the Authorized Carrier's List**

- ☐ Name of Company contracted: \_\_\_\_\_
- ☐ Name of Company Contact person: \_\_\_\_\_
- ☐ Phone number: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_
- ☐ Fax number: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_
- ☐ E-mail address: \_\_\_\_\_
- ☐ Mailing address: \_\_\_\_\_

**Be ready to provide the common carrier company the following information:**

- ☐ Name of school and group sponsoring trip: \_\_\_\_\_
- ☐ Trip departure date: \_\_\_\_\_ Time: \_\_\_\_\_ ☐ AM ☐ PM
- ☐ Pick-up location: \_\_\_\_\_
- ☐ Trip itinerary: – attach a separate document that describes in detail where the bus(es) must transport students
- ☐ Trip return date: \_\_\_\_\_ Time: \_\_\_\_\_ ☐ AM ☐ PM
- ☐ Drop-off location: \_\_\_\_\_
- ☐ Total number of passengers going on trip (students, teachers, chaperones, etc.): \_\_\_\_\_
- ☐ If any unusual equipment/luggage (e.g. band equipment) is to be transported, specify what type and how much?

---

---

---

- ☐ List any special requirements for the bus(es) (e.g., handicapped accessible, large equipment storage).

---

---

**Confirm with the common carrier company:**

- ☐ Name of emergency contact person: \_\_\_\_\_
- ☐ All-hours phone number: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_
- ☐ Number of drivers required: \_\_\_\_\_
- ☐ Total trip mileage: \_\_\_\_\_
- ☐ If two or more drivers are required, how and when should the school expect the drivers to rotate driving duties? \_\_\_\_\_

---

The School Board of Santa Rosa County

Specify seating capacity and special requirements for each bus/vehicle required:

Bus/Vehicle Number	Seating Capacity	Special Requirements	ID Number

***Trip Costs and Payment Method***

☐ What is the common carrier company's fee for transportation services and how is it computed?

☐ Daily rate per bus \$ \_\_\_\_\_ Mileage fee \$ \_\_\_\_\_ per mile

☐ Other fees and costs \$ \_\_\_\_\_

☐ The school may be responsible for other charges. Itemize such charges in detail.

---

---

☐ Total charges for all transportation services estimated. \$ \_\_\_\_\_

☐ Who will pay for the services (who should be invoiced if not the school representative) and who made the travel arrangements?

---

☐ Who made the transportation arrangements for the School District?

---

☐ Name, address and phone number of person coordinating activity for billing purposes

---

---

☐ Contact person at company to address billing related questions \_\_\_\_\_

**Form J – Charter Bus Pre-trip Checklist**

*(For review prior to a long trip.)*

School or Group Sponsoring Trip: \_\_\_\_\_

Trip Departure Date: \_\_\_\_\_ Pick-up Location: \_\_\_\_\_

Trip Return Date: \_\_\_\_\_ Drop-off Location: \_\_\_\_\_

Contracted Authorized Carrier: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

# of Buses/Vehicles Contracted: \_\_\_\_\_

**PRIOR TO THE DAY OF THE TRIP**

- ☐ Review the terms of the Letter of Agreement
- ☐ A copy of the itinerary and travel route is filed with school administration

**VEHICLE ARRIVAL**

- ☐ Vehicle is Operational
- ☐ The company whose vehicle(s) arrive is the company that was contracted for this trip. If the vehicle(s) is not from that company, ensure that the vehicle(s) is from a valid subcontractor of that company and that they are on the District's Authorized Carrier's List and that the vehicle itself has been approved by the District.
- ☐ The proper number of buses and drivers are present, as stipulated in the contract for the trip.

**VEHICLE SAFETY CHECK**

- ☐ Windows/windshield not severely cracked
- ☐ Tires in good shape (no damaged or tread-less tires and all appear to be properly inflated)
- ☐ Fire extinguisher present and in working order
- ☐ Copy of the annual safety inspection (either sticker or form) available

**DRIVER/VEHICLE INFORMATION**

- ☐ Valid commercial Driver License with a P (passenger) endorsement Valid medical certificate (pocket card)
- ☐ Driver's record of duty status (log book)
- ☐ Vehicle's USDOT annual inspection document, either a sticker or on paper (Note: these documents indicate the date of inspection, not the date of expiration and are usually valid for only one year.)

**ON THE TRIP**

- ☐ Take a copy of the letter of agreement on the trip. The emergency contact's name and phone number should be on that form.



## Form K – Work-Based Learning Program Authorization for Student Participation

School Name: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

**You, the student, are or Your student, if under 18, is** enrolled in a School Work-Based Learning Program this year. As part of this instructional program activities and/or training will take place in some business establishments in the community, on a school approved field trip, or a workshop. You or Your **student** will probably need transportation to be able to complete these requirements. The workplace program may require students to drive to and from the work site, drive as part of their duties at the job site or ride with other students.

### A. Vehicle Insurance and Transportation Permission

Please check all modes of transportation you are/your child is permitted to use for this program.

- ☐ Ride school bus
- ☐ Drive vehicle\*
- ☐ Drive vehicle and carry student passengers (also complete Forms E and F)\*
- ☐ Ride in a vehicle driven by an adult
- ☐ Ride in a vehicle driven by another student
- ☐ Ride a bicycle
- ☐ Walk
- ☐ \*Copy of valid driver's license attached
- ☐ \*Copy of automobile insurance card attached

### B. Medical Information and Authorization for Treatment

- ☐ I or My **student** has medical insurance coverage (front & back of card attached)
- ☐ I or My **student** does not currently have medical insurance coverage. I will purchase "student insurance" coverage for my myself/**my student**.

Medical condition of student: ☐ Excellent ☐ Good ☐ Fair

Comments: \_\_\_\_\_

Do you or your **student** currently take any medication? ☐ Yes ☐ No

Is there an allergy to any medication? ☐ Yes ☐ No

Name of Family Physician: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Physician Address: \_\_\_\_\_

The School Board of Santa Rosa County

Should a medical emergency arise while my **student** is participating in a program activity, I will be notified at the above numbers in order to approve medical treatment. In the event that I or one of the emergency contacts listed below cannot be reached, I give permission for immediate treatment as required in the judgment of the attending physician.

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

C. Adult Student/Parent Permission, General Release and Waiver

I give permission for my **student** to participate in the School Work Based Learning Program and its associated off-campus activities. By signing this form I specifically and with full knowledge of the legal aspects of my agreement, herein for myself and the student named, do hereby agree to the following:

- I agree that neither the Santa Rosa County School District (SRCSD) nor any employee or agent of the district has assured me, or warranted or guaranteed to me, the abilities, qualifications, or experience of the person or persons to be operating the motor vehicle in which the student will be transported, and that neither the SRCSD board members, or any employee or agent of the district shall be liable for any injury to, or the death of the said student resulting from negligence of any person while the student is operating or is a passenger in a motor vehicle.
- I agree that the risk of loss of any damages for personal injury or death of the student should be shifted from the SRCSD, school board members, district employees and agents, to an insurance carrier. I further agree that as a minimum, I will obtain student insurance coverage or other insurance coverage which specifically covers the student while an operator or a passenger of a motor vehicle.
- I agree to release the SRCSD, school board members and its officials, officers and employees, from liability for any and all claims of injury which might occur while my **student** is participating in this School Work Based Learning Program.
- I agree that before signing this agreement I had the opportunity to consult with and receive advice from an attorney of my choice concerning the meaning and effect of this agreement and my signature on this agreement. Furthermore, I agree that I had the opportunity to ask questions and receive information from a SRCSD representative concerning the Work Based Learning Program and the activities to be conducted during the program.
- I understand this is not a required program at this school and that the named student will not be permitted to participate in this program without this authorization, permission, general release and waiver.

\_\_\_\_\_  
Parent/Guardian Printed Name & Signature

\_\_\_\_\_  
Date

\*\* Form must contain two witness signatures verifying the student signature.

Witness Signature: \_\_\_\_\_ Printed Name \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Printed Name \_\_\_\_\_

**Form L – On the Job Training (OJT) Program Work Experience  
Student Participation Authorization Non-Paid or Paid Work Experience**

School Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Your son/daughter is enrolled in a Community-Based Vocational Education (CBVE) On the Job Training (OJT) program for the school year \_\_\_\_\_ in accordance with his/her Individualized Education Plan (IEP). As part of this instructional program, activities and/or training will take place in business establishments or educational facilities. The Non-paid OJT program provides district transportation, but Paid OJT requires provision of one's own transportation.

**A. Vehicle Insurance and Transportation Permission**

☐ Please check all modes of transportation your child is permitted to use for this program.

☐ Ride school bus

☐ \*Drive vehicle (OJT Paid only)

☐ Ride in a vehicle driven by an adult

☐ Ride a bicycle

☐ Walk

**B. Medical Information and Authorization for Treatment**

☐ My son/daughter has medical insurance coverage (front and back of medical card attached)

☐ My son/daughter does not currently have medical insurance coverage. I will purchase "student insurance" coverage for my son/daughter

Medical condition of student: ☐ Excellent ☐ Good ☐ Fair

Comments: \_\_\_\_\_

Does your son/daughter currently take any medication? ☐ Yes ☐ No

Is your son/daughter allergic to any medication? ☐ Yes ☐ No

Name of Family Physician: \_\_\_\_\_

Phone number: \_\_\_\_\_ Physician Address: \_\_\_\_\_

The School Board of Santa Rosa County

Should a medical emergency arise while my son/daughter is participating in a program activity, I will be notified at the above numbers in order to approve medical treatment. In the event that I or one of the emergency contacts listed below cannot be reached, I give permission for immediate treatment as required in the judgment of the attending physician.

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

C. Parental Permission, General Release and Waiver

I give permission for my son/daughter to participate in the OJT Program and its associated off-campus activities. By signing this form I specifically, and with full knowledge of the legal aspects of my agreement herein for myself and the student named, do hereby agree to the following:

- I agree that neither the Santa Rosa County School District (SRCSD) nor any employee or agent of the district has assured me, or warranted or guaranteed to me, the abilities, qualifications, or experience of the person or persons to be operating the motor vehicle in which the student will be transported, and that neither the SRCSD board members, or any employee or agent of the district shall be liable for any injury to, or the death of the said student resulting from negligence of any person while the student is operating or is a passenger in a motor vehicle.
- I agree that the risk of loss of any damages for personal injury or death of the student should be shifted from the SRCSD, school board members, or district employees and agents, to an insurance carrier. I further agree that as a minimum, I will obtain student insurance coverage or other insurance coverage that specifically covers the student while an operator or a passenger of a motor vehicle.
- I agree to release the SRCSD, school board members, and its officials, officers, and employees from liability for any and all claims of injury that might occur while my son/daughter is participating in this CBVE OJT Program.
- I agree that before signing this agreement I had the opportunity to consult with and receive advice from an attorney of my choice concerning the meaning and effect of this agreement and my signature on this agreement. Furthermore, I agree that I had the opportunity to ask questions and receive information from a SRCSD representative concerning the CBVE OJT Program and the activities to be conducted during the program.
- I understand this is not a required program at this school and that the named student will not be permitted to participate in this program without this authorization, permission, general release, and waiver.

D. Safety Pledge

In order to participate in the CBVE OJT Program, students must read and agree to the safety pledge below in regard to training site expectations:

- I understand that all school rules from the Student Code of Conduct apply.
- I will wear appropriate clothing at the training site to help ensure safety.
- I will learn and follow safety precautions that are specifically related to each site.
- I will not take part in horseplay, roughhousing, or fighting.
- I will report any accident or injury to my career instructor or job coach.
- I will behave in accordance with behavior expected of an employee.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Participating Student \_\_\_\_\_ Date \_\_\_\_\_

## Form M – Field Trip Attendance Application

***Completion of this form is required in order to attend a school sponsored field trip if you are not currently a School Board-approved volunteer.***

By completing this application, I agree that I will attend/plan to attend one (or more) field trips during the \_\_\_\_\_ school year. I understand that I will be attending an activity of the Santa Rosa County School System without compensation and without any rights to health benefits in case of illness or injury. I understand that I need to renew this application annually. As a field trip attendee, I agree to follow the guidelines listed below:

1. I will not assume responsibility for any children or youth that are not members of my family.
2. I understand that I am not allowed to include any other children who are not members of this class or group in school sponsored field trips.
3. I will not participate in any risky or inappropriate behaviors during the field trip event(s) (i.e., smoking tobacco, using drugs or alcohol that may influence my behavior or interfere with the event).
4. I will report any student discipline issues to the adult in charge of the activity.
5. I will report to the event coordination site on time and leave promptly after the conclusion of the event.

Date of Application: \_\_\_\_\_ School Name \_\_\_\_\_

Name (please print): \_\_\_\_\_

Phone Number: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Health: (any physical limitations) \_\_\_\_\_

### Affidavit of Character

The following questions must be answered truthfully. A “yes” answer will not necessarily disqualify you from consideration. However, the Santa Rosa County School Board reserves the right to request that you be fingerprinted at your own expense prior to participation in a field trip event.

- ☐ Yes   ☐ No   1. Have you ever been convicted of an offense other than a minor traffic violation?  
(DUI and DWI convictions are not minor and must be reported.)
- ☐ Yes   ☐ No   2. Have you ever been found guilty of a criminal offense?
- ☐ Yes   ☐ No   3. Have you ever entered a *nolo contendere* or no contest plea?
- ☐ Yes   ☐ No   4. Have you ever had adjudication withheld in a criminal offense?
- ☐ Yes   ☐ No   5. Have you ever entered a pre-trial intervention program for a misdemeanor or felony charge?
- ☐ Yes   ☐ No   6. Are there criminal charges currently pending against you?

The School Board of Santa Rosa County

- ☐ Yes ☐ No 7. Have you ever been placed on court-ordered probation, imprisoned, or jailed in a criminal proceeding?
- ☐ Yes ☐ No 8. Have you ever failed to appear in court or forfeited bond in a criminal proceeding?
- ☐ Yes ☐ No 9. Have you ever been confirmed as a child abuser by the Department of Children and Families or a similar agency in Florida or another state?

**If you answered "yes" to any of the above questions, you must give a detailed explanation in the following space or on another page if extra space is needed:**

**ARREST**

Where Arrested: \_\_\_\_\_

Arresting Agency: \_\_\_\_\_

Date of Arrest: \_\_\_\_\_

Offense: \_\_\_\_\_

By signing this document, I certify that all information contained herein is true and accurate. My signature further certifies that there is no falsification of any information, omission of any information requested, or any misrepresentation of information requested. I also understand that if I am requested to complete a full background check prior to participation, I will assume the cost of the fingerprinting and my fingerprints may be submitted to the Florida Department of Law Enforcement and Federal Bureau of Investigation for a complete criminal history background check.

By my signature, I certify that I know, understand, and agree that any false statement or omission of information requested will result in my name being removed from the approved field trip participant list for this Santa Rosa County School.

\_\_\_\_\_  
Signature of Parent/Guardian Date

**You will be notified by the school if your application has been denied.**

**District Processing Information**

This request does not require school board approval. Records of completed applications should be maintained at the school site for five years after the field trip events.

Date of FDLE Sexual Predator Check \_\_\_\_\_ Status: ☐ Clear ☐ Not Clear

Person Completing Check \_\_\_\_\_

**Principal Decision**

- ☐ Approved as submitted for field trip(s) attendance.  
☐ Not approved

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_