

Don Estridge High Tech Middle Dragons

2018-2019 Athletic Packet

Updated May 11, 2018

The attached pages must be completed in full prior to participation – including tryouts – in athletics at Don Estridge each year. Please be sure to include all information on all forms.

The bullets below are intended to assist you with completion of the packet. At the top right of each page is a red number that we use in order to make reference to those pages easier.

- Pages 3 and 7 MUST be notarized.
- Complete page 4 fully, and explain any yes answers in the space provided at the bottom of the page.
- Page 5 or 6 MUST be completed and signed by a licensed physician. Page 6 is needed if your primary physician refers to another physician, otherwise it can remain blank.
- Please be sure to complete every page and box, even if it seems redundant.
- Make sure every student signature line is signed by the student, and every parent line is signed by at least one parent.
- On page 10 you only need to complete SECTION 2.
- Parents who are planning to drive student/athletes – including their own – to the contest sites, MUST complete Page 11. If you are unsure, please fill it out.
- If something does not apply mark it N/A.



- The pages with this logo at the top include editable blanks. If you use Acrobat or Preview to view this document you should be able to click inside the blanks and type in your own data before you print.
- If you have questions, please feel free to contact Athletic Director Kirk Pokela, at 561-989-7882 or kirk.pokela@palmbeachschools.org. You can also speak to your team's coach.

**We are excited to have your children participate in
Don Estridge Dragon's Athletics!**



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
DEPARTMENT OF SECONDARY CURRICULUM

Athletic Eligibility for Middle School Students

Parents, in order for your son or daughter to be eligible to participate in athletics at his/her middle school during the upcoming school year, you and your son or daughter must complete this form and sign where indicated. **Make sure you read each page carefully before signing!** A parent or the student (if an adult or emancipated) needs to sign in front of a notary. We cannot notarize any papers if they come to us already signed.

Student Name (first, mi, last)				Student ID#	School Year ▼	Date
Birth Date	Age	Gender ▼	Current Grade ▼	Name of Parent/Legal Guardian		
Student Address (street, apt. #, city, state, zip code)					Student Phone #	
First School Attended This Year			School(s) Attended Last Year			
Name of Emergency Contact				Relationship to Student		
Emergency Contact Address (street, apt. #, city, state, zip code)					Emergency Home Phone #	
Emergency Work #	Name of Student's Physician				Physician Phone #	
List Sports						
PROOF OF INSURANCE FOR STUDENT						
Name of Medical Insurance Company (policy that covers student)					Insurance Policy #	
Name of Policy Holder (policy that covers student)			Policy Holder's Relationship to Student	Policy Holder's Place of Employment		

ATHLETIC ELIGIBILITY REQUIREMENTS FOR MIDDLE SCHOOL STUDENTS

TRANSFER STUDENTS AND NEW STUDENTS must have transcripts* on file before an athlete is eligible to participate.

ALL STUDENT OBLIGATIONS must be met before participation in athletics/activities is allowed.

ALL SECTIONS OF THIS FORM must be filled out, signed and **MUST BE ON FILE** in Athletic Director's Office ten days prior to the first contest.

ALL STUDENTS MUST HAVE a Birth Certificate* on file in the Athletic Office.

A STUDENT WHO HAS ATTAINED THE AGE OF 15 prior to September 1st of the current school year may submit a hardship waiver to the school's Athletic Director to be considered for participation.

ALL STUDENTS MUST SHOW proof of insurance coverage or purchase student accident insurance which will provide minimal medical reimbursement. The School District is **NOT** responsible for accidental interscholastic athletic injuries.

A STUDENT MAY participate for three consecutive years from the time he/she first successfully completes the fifth grade.

FAILURE IN MORE THAN ONE (1) SUBJECT during a given 9 week grading period shall cause a student to be ineligible for practice and competition the following 9 week grading period. An "I" incomplete will be considered the same as an "F" until it is replaced with a valid grade. In addition, a student must maintain a specified grade point average of 2.0 as well as acceptable conduct for the previous 9 week period to be eligible. Grades earned in summer school will be calculated to determine the courses passed during the previous term. Grades for courses taken in summer school will be calculated with grades for the last marking period of the previous year to determine eligibility. Student must maintain satisfactory conduct. (S.B. Policy 5.60)

** If specific documentation requested is not available, contact the athletic director for further instruction.*

School	Athletic Director	Telephone #
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INTERSCHOLASTIC ELIGIBILITY RESIDENCE AFFIDAVIT

I live with (check one) Both Parents Mother Only Father Only Guardian Other _____

Relationship to other _____ I have lived with the person(s) stated above since _____

If the options presented below do not adequately describe your residence situation, attach a note of explanation.

- I live in the assigned attendance area for this school. I have been accepted into a Choice Program.
- I am attending this school on an approved student reassignment (reassignment requires approval by the Reassignment Specialist).
- I have been assigned to this school by the Department of Exceptional Student Education.

CONSENT AND RELEASE OF LIABILITY CERTIFICATE - READ CAREFULLY BEFORE SIGNING

I (the student) and we (the parent[s]/legal guardian[s]) have read the (condensed) Florida High School Activities Association (FHSAA) Eligibility Rules and understand that they are a synopsis of the FHSAA By Laws. I/we also understand that a complete copy of the FHSAA By Laws is available to me/us to review at my (the student's) school's administrative office. We know of no reason why I (the student) am not eligible to represent my school in athletic competition. If accepted as a representative, we agree to follow the rules of my school and the FHSAA and to abide by their decisions. I/we know that participation is a privilege. I/we have been informed and know of the risks involved in athletic participation, understand that serious injury, and even death, is possible in such participation and choose to accept such risks. I (the student) voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risks involved. I/we hold harmless and release the student's school, the school district's employees and agents, the schools against which it competes, the Palm Beach County School Board and the contest officials, the National Federation of State High School Associations, (NFHS) and the FHSAA of any and all responsibility and liability for any injury or claim resulting from such athletic participation, and agree to take no legal action against any of the above-referenced entities because of any accident or mishap involving the student's athletic participation. I/we further authorize **EMERGENCY MEDICAL TREATMENT** for myself/our child/ward should the need arise for such treatment while I am/my child/ward is under the supervision of the school. In consideration for being allowed to participate in Interscholastic Athletic programs, I/we, for my/our heirs, executors and administrators, release and forever discharge **THE SCHOOL BOARD OF PALM BEACH COUNTY, FLORIDA**, its agents, representatives and employees of all liability, claims, actions, damages, costs or expenses which I/we may have against them arising out of or in any way connected with my (the student's) participation in an Interscholastic Athletic program, including travel associated with the Athletic Program. I/we understand that this waiver includes any claims based on negligence, action or inaction of any of the above named entities and persons. I/we hereby give permission for the school or District to use the student photograph, video image, writing, voice recording, name, grade level, school name, description of participation and statistics in officially recognized activities and sports, weight and height as a member of an athletic team, dates of attendance, diplomas and awards received, date and place of birth and most recent previous school attended, in newspapers, school productions, web sites, etc. and/or similar school or District-sponsored publications or in school or District-approved news media interviews, videos, articles and photographs. The released parties, however, are under no obligation to exercise said rights herein. I/we hereby give consent for my/our child/ward to participate in the following interscholastic sports that I/we have NOT MARKED OUT. Sports: Baseball, Basketball, Soccer, Fast-Pitch Softball, Track & Field, Volleyball.

*Other sports added to form by school:

I/we understand that participation may necessitate an early dismissal from classes. I/we consent to the disclosure, by my/our child's/ward's school, to the FHSAA, upon its request, of all detailed (athletic or otherwise) financial, scholastic and attendance records of such school concerning my/our child/ward.

ADDENDUM TO CONSENT AND RELEASE

This form was created to comply with the provisions of Fla. Stat. § 744.301 as it relates to the enforceability of a waiver or release executed by a parent/guardian on behalf of their child/ward. This addendum applies to the parent/guardian waiving the right of a child/ward in advance of the child's/ward's participation in an activity.

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT EVEN IF THE SCHOOL BOARD OF PALM BEACH COUNTY, FLORIDA USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE SCHOOL BOARD OF PALM BEACH COUNTY, FLORIDA, IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE A RIGHT TO REFUSE TO SIGN THIS FORM, AND THE SCHOOL BOARD OF PALM BEACH COUNTY, FLORIDA HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

I/WE HAVE READ THIS CAREFULLY, UNDERSTAND IT, AND KNOW IT CONTAINS A RELEASE
Where appropriate both parent(s)/legal guardian(s) should sign.

_____ <i>Signature of Student</i>	_____ <i>Date</i>	_____ <i>Signature of Parent/Legal Guardian</i>	_____ <i>Date</i>
		_____ <i>Signature of Parent/Legal Guardian</i>	_____ <i>Date</i>

STATE OF FLORIDA
COUNTY OF _____

Sworn to or affirmed and subscribed before me this _____ day of _____, _____, by _____
(parent/guardian or adult/emancipated student)

Personally Known _____ OR Produced Identification _____
Type of Identification Produced _____
Signature of Notary Public - State of Florida



Preparticipation Physical Evaluation (Page 1 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2.

Part 1. Student Information (to be completed by student or parent)

Student's Name: Sex: Age: Date of Birth: School: Don Estridge High Tech Middle Grade in School: Sport(s): Home Address: Home Phone: Name of Parent/Guardian: E-mail: Person to Contact in Case of Emergency: Relationship to Student: Home Phone: Work Phone: Cell Phone: Personal/Family Physician: City/State: Office Phone:

Part 2. Medical History (to be completed by student or parent). Explain "yes" answers below. Circle questions you don't know answers to.

Medical history questions 1-45 with Yes/No columns. Includes questions about medical history, allergies, injuries, and physical activity. Includes a section for females only (optional) with questions 42-45.

Explain "Yes" answers here:

We hereby state, to the best of our knowledge, that our answers to the above questions are complete and correct. In addition to the routine medical evaluation required by s.1006.20, Florida Statutes, and FHSAA Bylaw 9.7, we understand and acknowledge that we are hereby advised that the student should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (EKG), echocardiogram (ECG) and/or cardio-stress test.

Signature of Student: Date: Signature of Parent/Guardian: Date:



Preparticipation Physical Evaluation (Page 2 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2.

Part 3. Physical Examination (to be completed by licensed physician, licensed osteopathic physician, licensed chiropractic physician, licensed physician assistant or certified advanced registered nurse practitioner).

Student's Name: _____ Date of Birth: ____/____/____
Height: _____ Weight: _____ % Body Fat (optional): _____ Pulse: _____ Blood Pressure: ____/____ (____/____, ____/____)
Temperature: _____ Hearing: right: P ____ F ____ left: P ____ F ____
Visual Acuity: Right 20/____ Left 20/____ Corrected: Yes No Pupils: Equal Unequal

Table with 4 columns: FINDINGS, NORMAL, ABNORMAL FINDINGS, INITIALS*. Rows include MEDICAL (Appearance, Eyes/Ears/Nose/Throat, Lymph Nodes, Heart, Pulses, Lungs, Abdomen, Genitalia, Skin) and MUSCULOSKELETAL (Neck, Back, Shoulder/Arm, Elbow/Forearm, Wrist/Hand, Hip/Thigh, Knee, Leg/Ankle, Foot).

* - station-based examination only

ASSESSMENT OF EXAMINING PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER

I hereby certify that each examination listed above was performed by myself or an individual under my direct supervision with the following conclusion(s):

____ Cleared without limitation
____ Disability: _____ Diagnosis: _____
____ Precautions: _____
____ Not cleared for: _____ Reason: _____
____ Cleared after completing evaluation/rehabilitation for: _____
____ Referred to _____ For: _____

Recommendations: _____

Name of Physician/Physician Assistant/Nurse Practitioner (print): _____ Date: ____/____/____
Address: _____

Signature of Physician/Physician Assistant/Nurse Practitioner: _____



Florida High School Athletic Association
Preparticipation Physical Evaluation (Page 3 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2.

ASSESSMENT OF PHYSICIAN TO WHOM REFERRED (if applicable)

I hereby certify that the examination(s) for which referred was/were performed by myself or an individual under my direct supervision with the following conclusion(s):

Cleared without limitation

Disability: _____ Diagnosis: _____

Precautions: _____

Not cleared for: _____ Reason: _____

Cleared after completing evaluation/rehabilitation for: _____

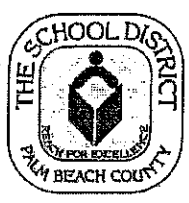
Recommendations: _____

Name of Physician (print): _____ Date: ____/____/____

Address: _____

Signature of Physician: _____

Based on recommendations developed by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopedic Society for Sports Medicine and American Osteopathic Academy for Sports Medicine.



THE SCHOOL DISTRICT OF PALM BEACH COUNTY

Student Medical Consent for Athletics

Print Student Name _____ Birth Date _____

The student, hereby known as patient, and parent(s) or legal guardian(s) whose signatures are attached below do hereby consent to any and all emergency medical and/or surgical treatment including anesthesia and operations which may be advisable by the patient's physicians and/or surgeons. The intention hereof being to grant authority to administer and perform all and singularly examinations, treatments, anesthetics, operations and diagnostic procedures which may be deemed advisable or necessary. We also agree that the patient, when admitted, is to remain in the hospital until his or her physician recommends that the patient is discharged. (Attach any additional pages, if needed, including any relevant provisions in student's IEP or 504 plan.) In the event of an emergency, reasonable attempts will be made to contact the parent. This would not prevent the emergency health care provider from acting in the best interests of the child.

In witness of our consent and agreement to the matters stated in the preceding sentences, we have subscribed our signatures below:

Signature of Student Date

Signature of Parent/Guardian Date

Signature of Parent/Guardian Date

Telephone or cell number to call in case of emergency

NOTARY OF PARENT'S/LEGAL GUARDIAN'S OR ADULT/EMANCIPATED STUDENT'S SIGNATURE

STATE OF FLORIDA

COUNTY OF _____

Sworn to or affirmed and subscribed before me this _____ day of _____,

by _____

(parent/guardian or adult/emancipated student)

Signature of Notary Public - State of Florida

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____



Florida High School Athletic Association

Consent and Release from Liability Certificate for Concussion and Heat-Related Illness (Page 1 of 2)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the most recent signature.

Concussion Information

What is a concussion?

Concussion is a brain injury. Concussions, as well as all other head injuries, are serious. They can be caused by a bump, a twist of the head, sudden deceleration or acceleration, a blow or jolt to the head, or by a blow to another part of the body with force transmitted to the head. You can't see a concussion, and more than 90% of all concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. All concussions are potentially serious and, if not managed properly, may result in complications including brain damage and, in rare cases, even death. Even a "ding" or a bump on the head can be serious. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, your child should be immediately removed from play, evaluated by a medical professional and cleared by a medical doctor.

What are the signs and symptoms of concussion?

Concussion symptoms may appear immediately after the injury or can take several days to appear. Studies have shown that it takes on average 10-14 days or longer for symptoms to resolve and, in rare cases or if the athlete has sustained multiple concussions, the symptoms can be prolonged. Signs and symptoms of concussion can include: (not all-inclusive)

- Vacant stare or seeing stars
- Lack of awareness of surroundings
- Emotions out of proportion to circumstances (inappropriate crying or anger)
- Headache or persistent headache, nausea, vomiting
- Altered vision
- Sensitivity to light or noise
- Delayed verbal and motor responses
- Disorientation, slurred or incoherent speech
- Dizziness, including light-headedness, vertigo (spinning) or loss of equilibrium (being off balance or swimming sensation)
- Decreased coordination, reaction time
- Confusion and inability to focus attention
- Memory loss • Sudden change in academic performance or drop in grades
- Irritability, depression, anxiety, sleep disturbances, easy fatigability
- In rare cases, loss of consciousness

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with signs and symptoms of concussion should be removed from activity (play or practice) immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to sustaining another concussion. Athletes who sustain a second concussion before the symptoms of the first concussion have resolved and the brain has had a chance to heal are at risk for prolonged concussion symptoms, permanent disability and even death (called "Second Impact Syndrome" where the brain swells uncontrollably). There is also evidence that multiple concussions can lead to long-term symptoms, including early dementia.

What do I do if I suspect my child has suffered a concussion?

Any athlete suspected of suffering a concussion should be removed from the activity immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without written medical clearance from an appropriate health-care professional (AHCP). In Florida, an appropriate health-care professional (AHCP) is defined as either a licensed physician (MD, as per Chapter 458, Florida Statutes), a licensed osteopathic physician (DO, as per Chapter 459, Florida Statutes), or a licensed physicians assistant under the direct supervision of a MD/DO (as per Chapters 458 and 459, Florida Statutes). Close observation of the athlete should continue for several hours. You should also seek medical care and inform your child's coach if you think that your child may have a concussion. Remember, it's better to miss one game than to have your life changed forever. When in doubt, sit them out.

When can my child return to play or practice?

Following physician evaluation, the *return to activity process* requires the athlete to be completely symptom free, after which time they would complete a step-wise protocol under the supervision of a licensed athletic trainer, coach or medical professional and then, receive written medical clearance of an AHCP.

For current and up-to-date information on concussions, visit <http://www.cdc.gov/concussioninyouthsports/> or <http://www.seeingstarsfoundation.org>

Statement of Student Athlete Responsibility

I accept responsibility for reporting all injuries and illnesses to my parents, team doctor, athletic trainer, or coaches associated with my sport including any signs and symptoms of CONCUSSION. I have read and understand the above information on concussion. I will inform the supervising coach, athletic trainer or team physician immediately if I experience any of these symptoms or witness a teammate with these symptoms. Furthermore, I have been advised of the dangers of participation for myself and that of my child/ward.

Name of Student-Athlete (printed) _____

Signature of Student-Athlete _____

Date _____

Name of Parent/Guardian (printed) _____

Signature of Parent/Guardian _____

Date _____



Florida High School Athletic Association

Consent and Release from Liability Certificate for Concussion and Heat-Related Illness (Page 2 of 2)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the most recent signature.

FHSAA Heat-Related Illnesses Information

People suffer heat-related illness when their bodies cannot properly cool themselves by sweating. Sweating is the body's natural air conditioning, but when a person's body temperature rises rapidly, sweating just isn't enough. Heat-related illnesses can be serious and life threatening. Very high body temperatures may damage the brain or other vital organs, and can cause disability and even death. Heat-related illnesses and deaths are preventable.

Heat Stroke is the most serious heat-related illness. It happens when the body's temperature rises quickly and the body cannot cool down. Heat Stroke can cause permanent disability and death.

Heat Exhaustion is a milder type of heat-related illness. It usually develops after a number of days in high temperature weather and not drinking enough fluids.

Heat Cramps usually affect people who sweat a lot during demanding activity. Sweating reduces the body's salt and moisture and can cause painful cramps, usually in the abdomen, arms, or legs. Heat cramps may also be a symptom of heat exhaustion.

Who's at Risk?

Those at highest risk include the elderly, the very young, people with mental illness and people with chronic diseases. However, even young and healthy individuals can succumb to heat if they participate in demanding physical activities during hot weather. Other conditions that can increase your risk for heat-related illness include obesity, fever, dehydration, poor circulation, sunburn, and prescription drug or alcohol use.

By signing this agreement, the undersigned acknowledges that the information on page 1 and page 2 have been read and understood.

Name of Student-Athlete (printed)

Signature of Student-Athlete

Date

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

Date



THE SCHOOL DISTRICT OF PALM BEACH COUNTY Elementary School Middle School
Field Trip Permission/Release High School

Permission is requested for your child (student) to go on a field trip. To give permission for your child to attend this field trip complete the information in Section II. Return the completed *Field Trip Permission* to the teacher named below along with payment* if there is a charge. If this *Field Trip Permission* is not returned, your child will not be permitted to attend. This form must be signed by the parent(s) and student, if over 18 years of age. Both parents should sign if feasible.

SECTION I - TRIP INFORMATION

NAME OF SCHOOL Don Estridge High Tech Middle		SCHOOL CONTACT		TELEPHONE NUMBER 561-989-7800	
TEACHER		GRADE	TRIP DURATION Number of: Days		Nights <input type="checkbox"/> Overnight trip **
DATE OF DEPARTURE Athletic Schedule	DEPARTURE TIME 3:00 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	DATE OF RETURN	APPROXIMATE RETURN TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		COST PER STUDENT *
DESTINATION Athletic Event Sites				NUMBER OF CHAPERONS Male Female	
METHODS OF TRAVEL (check all that apply) <input type="checkbox"/> School Bus <input type="checkbox"/> Private Charter Bus <input type="checkbox"/> Walking <input checked="" type="checkbox"/> Private vehicle*** <input type="checkbox"/> Other (specify) _____					
DRIVER <input checked="" type="checkbox"/> Adult <input type="checkbox"/> Student		LODGING (if applicable) Not Applicable			
PURPOSE FOR TRIP Interscholastic Athletic Events					
DESCRIPTION OF SUPERVISION † Coaches supervise teams until contest ends					

Attach any additional pages, if needed, including any relevant provisions in the student's IEP or 504 plan.

* No penalty of any type will be imposed against the student based upon a failure to pay for the field trip. No student shall be denied the right to participate for failure to pay for the field trip. The principal may forgo a planned activity or use of a particular item based upon the collection of insufficient funds to cover the cost of the item or activity. This request is for a voluntary payment.

** In the event of an overnight trip, students may not be supervised while in assigned rooms.

*** Each person transporting the students in a private vehicle must show proof of current automobile liability insurance to the school supervisor and to the parents/guardians of the student traveling in the vehicle upon request. Volunteer drivers are required to carry minimum insurance requirements as specified by FL Statute 627.736 and complete the *School Volunteer Application* (PBSD 0887).

† Describe the circumstances or times that the students will NOT be supervised by school staff or parents although adult supervisors will be present. Parents are encouraged to ask any questions about supervision on trip.

SECTION II - PARENT / LEGAL GUARDIAN APPROVAL

NAME OF STUDENT (last, first, middle initial)		TRIP DESTINATION			
HOME TELEPHONE NUMBER	BUSINESS TELEPHONE NUMBER	CELL NUMBER	EMERGENCY TELEPHONE NUMBER		
PHYSICIAN NAME	TELEPHONE NUMBER	STUDENT SWIMMING SKILL LEVEL (if applicable) <input type="checkbox"/> Non-swimmer <input type="checkbox"/> Beginning <input type="checkbox"/> Skilled			
OTHER STUDENT INFORMATION (allergies, medications, etc., be specific)				MEAL PROVIDED <input type="checkbox"/> By Parent <input type="checkbox"/> By School	

I agree and my child agrees to abide by all rules and safety precautions relating to this field trip activity. I am aware that during this trip certain risks are inherent. I understand that this field trip activity may involve certain conditions, hazards and potential dangers, including those associated with traveling in the above chosen method of travel or those associated with the facilities or property where the field trip will occur or whether the dangers are open and obvious or concealed. Any questions which have occurred to me have been answered to my satisfaction. I am participating in these activities of my own free choice. My signature acknowledges that I have been informed of the reasonably expected hazards associated with the field trip in which my child will be participating. The School District recognizes its responsibility for its negligent acts subject to the limits of Section 768.28, Florida Statutes. Based on current Florida Law, the School Board is not responsible for the negligence of volunteer drivers. I further agree to accept responsibility for any negligent, willful, or intentional act of my child and as a result will indemnify and hold harmless the School District for all costs, damages and attorneys fees. In the event of an emergency, reasonable attempts will be made to contact the parent. This would not prevent the emergency health care provider from acting in the best interests of the child. I authorize emergency medical treatment for my child in the event of accident or illness during this field trip.

Check here if the student wears a medical alert

_____ Signature of Emancipated Student	_____ Date	_____ Signature of Parent/Guardian	_____ Date
		_____ Signature of Parent/Guardian	_____ Date



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
Volunteer Driver Information

PRINT OR TYPE

This form is to be completed by the volunteer/parent before the described event or activity. The completed and signed form must be given to a school official along with a copy of your current insurance card, signed for approval, and filed with the school. Parents/volunteers may not be able to know the final list or names of students who will be riding in their car until the day of the trip.

Thank you for volunteering to be a driver on a school district related field trip(s) or activity. The information requested by this form is required from each of our drivers. This is for your protection and the safety of the children.

School Name Don Estridge High Tech Middle School

Teacher: _____ Grade Level _____

Destination(s)(be specific) Various middle schools and parks - Sites for interscholastic athletic events.

Date(s) of Trip Dates dependent on athletic schedule

Time of Departure 3:00 p.m. to 3:45 p.m. Time of Return _____

PROOF OF INSURANCE AND DRIVER'S LICENSE: As a volunteer driver I am providing the above named school with proof of current automobile insurance and will, if requested, provide proof to the parents/guardians of the students traveling in the vehicle. I understand that the School Board does not provide insurance or any protection for damage to vehicles operated by volunteers. I have been informed that based on current Florida law, the School Board is not responsible for the negligence of volunteer drivers. To my knowledge, my vehicle has no unsafe conditions and is in good repair. I have also shown the school a copy of my current driver's license.

Note that volunteer drivers are required to carry minimum insurance requirements as specified in Florida Statutes §§ 324.021 (\$10,000/20,000) and 627.736 (PIP), and volunteers are to complete the School Volunteer (MPS) application (PBSD 0887) online if not already done so this school year.

Name of Driver _____

If driver is a parent of student(s) attending field trip/activity, List name(s) of student(s)

Make of Car _____ Color of Car _____ Year of Car _____

Tag Number _____ Tag State _____ Tag Expiration Date _____

Driver's License State _____ Driver's License Expiration Date _____

Vehicle Holds Maximum Number of Passengers _____ Number of Passenger Seat Belts in Vehicle _____

Number of car seats available (if applicable) _____

Signature of Driver/Parent _____ Date _____ Signature of School Official _____ Date _____

