

BRADFORD COUNTY SCHOOL DISTRICT
OFF-CAMPUS SCHOOL ACTIVITY CONSENT FORM

Organizer Name: _____ Grade/Subject/Club: _____

School: _____ Principal: _____

Student Name: _____

I grant permission for my child to participate in the following off-campus school activity:

STUDENT MUST BRING: _____

PLEASE NOTE: THIS CONSENT FORM MUST BE SIGNED & RETURNED BY: _____

Date of Activity: _____ Departing: _____ Returning: _____

Leaving from: _____ Returning to: _____

I acknowledge that my child will be transported to and from said activity in a school bus or approved vehicle. I further acknowledge the right and necessity of said vehicle to make incidental stops in route to, and during return from, the designated activity when determined to be necessary or desirable by representatives of the Bradford County School District. Please accept this form as consent for medical staff to treat my child if medical attention is deemed necessary by the Bradford County School District or its employees.

I do hereby release and agree to save and hold harmless the Bradford County School District and its employees from any and all claims, actions, or liability that might arise from my child's participation in the above referenced off-campus activity.

NO STUDENT WILL BE ALLOWED TO PARTICIPATE IN ANY OFF-CAMPUS ACTIVITY WITHOUT FIRST RETURNING A VALID EXECUTED AUTHORIZATION FORM. FAILURE TO EXECUTE AND RETURN THIS AUTHORIZATION FORM TO THE SCHOOL IN A TIMELY MANNER MAY RESULT IN YOUR CHILD'S INABILITY TO PARTICIPATE IN THE PLANNED ACTIVITY.

In case of emergency, I can be reached at the follow phone number(s): _____ or _____

I hereby certify that I have read the entire contents of this consent form and that I understand the significance of the agreement and will abide by its conditions.

Parent Signature Date

For Middle and High School Students:

I hereby certify that I have read, understand and agree to abide by all of the rules of conduct and regulations of the Bradford County School District, the Bradford County Code of Student Conduct and the directions of the particular school personnel chaperoning the activity in which I'm participation. I further acknowledge that any violation of these rules and regulations will subject me to disciplinary action just as if said violation occurred on campus.

Student Signature Date

-----Parent(s)/Guardian retain bottom portion as a reminder of upcoming activity-----

Activity Date: _____ Place: _____

Time/Place Leaving: _____ Time/Place returning: _____

Student must bring: _____

Contact Information of Organizer: _____