PARENT/GUARDIAN PERMISSION SLIP FOR LAKESIDE HIGH **SCHOOL'S TRIP TO** Pensacola, FL

I am the parent or legal guardian of _____(please print the full name of student) and, by signing below, give my consent for my child to attend Lakeside High School's trip to Pensacola, FL, which will be held from November 23, 2025 to November 25,2025, in Pensacola, Florida (hereinafter "Trip").

I understand that during the Trip, my child will be subject to the Code of Student Conduct of the DeKalb County School District. I understand that if my child violates any rule or regulation contained in the Code of Student Conduct, then he/she may be sent home at the sole discretion of the chaperone(s). In such cases, the parent/guardian will be contacted and the student will be sent home at the parent's expense.

My contact information is as follows (please print clearly):

	Mother	Father
Parent/Guardian First & Last Name:	_____	_____
Parent/Guardian Home Address:	_____	_____
Home and Cell Telephone Numbers:	_____	_____
Work Address:	_____	_____
Work Telephone Number:	_____	_____

The emergency contact authorized to provide consent if parent(s)/guardian(s) are not available or cannot be reached:

First & Last Name: _____

Home Address: _____

Home and Cell Telephone Numbers: _____

Work Address: _____

Work Telephone Number: _____

Relationship to student: _____

The below parent(s)/legal guardian(s), by signing below, provide permission as stated above:

_____	_____	_____
Parent Name Printed	Signature of Parent/Guardian	Date

_____	_____	_____
Parent Name Printed	Signature of Parent/Guardian	Date

STUDENT MEDICAL AUTHORIZATION FORM FOR Lakeside High **SCHOOL'S FIELD TRIP TO** Pensacola, FL

Student name as it appears on Birth Certificate (Please print clearly):

_____ / _____

First **Middle** **Last** **Preferred Name**

Date of Birth: _____ **Address:** _____

Please provide copies of insurance cards and please make sure your student has a copy

Insurance Company: _____

Policy Number _____ Expiration Date _____

Contract/ID Number _____ Group Number _____

Primary Policy Holder _____ Relationship to Student _____

Insurance Company Phone Number _____

Student Insurance Purchase Option: If the student does not have insurance, then the student may purchase insurance through T.W. Lord & Associates, LLC or National Security Insurance Company.

_____ Yes, I would like to purchase insurance offered by T.W. Lord & Associates, or National Security Insurance Company, and understand that I will be responsible for all costs associated with that insurance. For the plan brochure and application go to: https://www.dekalbschoolsga.org/parents/. Click on "Parent Resources" then the "Student Accident Insurance" tab.

_____ No, I would not like to purchase insurance offered by T.W. Lord & Associates or National Security Insurance Company.

Health Information

Physical Problems or Limitations _____

Current Medication(s) _____

Allergies (Food, Drugs, Other) _____

Medical Authorization

I understand and give permission for my child to receive emergency medical treatment, if needed, while student is at Pensacola, FL for the Field Trip held on November 23, 2025, through November 25, 2025, (hereinafter "Trip") and the undersigned parents/guardians, or their emergency contact are available to give consent in advance of such emergency care. In the event that I/We, the below parent(s)/guardian(s) cannot be reached to give my/our consent, I/We the undersigned parent(s)/guardian(s) of the above named student hereby authorize the chaperones of this trip, or any other person serving in a supervisory capacity, to secure any and all transportation and/or medical and/or dental treatment including but not limited to, calling paramedics, consenting to x-rays, CT scans, MRI scans, other diagnostic testing, blood work, physical examinations, anesthesia, surgery, dental procedures or other medical and/or dental treatment or hospital care which, in the best judgment of a licensed physician or dentist, is deemed reasonable and necessary for the health and well-being of the above named student. The undersigned parent/guardian understand that the Trip may be physically demanding and agree to assume the risks associated with the Trip and the financial responsibility associated with the Trip. Also, the undersigned agree to indemnify and release the chaperones, the DeKalb County Board of Education and the DeKalb County School District and its members, officials, employees agents and assigns for any and all expenses, losses and causes of action and damages of any kind, including by not limited to court costs and attorneys' fees incurred as a result of said medical and/or dental treatment related to the Trip. In addition, the undersigned parent/guardian agrees to maintain any existing insurance covering accidental injury, dismemberment, and/or death of the undersigned student.

_____ _____ _____

Parent Name Printed Signature of Parent/Guardian Date

_____ _____ _____

Parent Name Printed Signature of Parent/Guardian Date

PARENT RELEASE

_____(Print name of student), (hereinafter referred to as the "student") and the parent(s) or guardian(s) of student, (hereinafter jointly referred to as "the undersigned"), agree to the following understandings, while the student is in Pensacola, FL, for the Field Trip held on November 23, 2025, through November 25, 2025 (hereinafter referred to as the "Trip").

1. For and in consideration of the mutual benefits herein contained and other good and valuable consideration, the undersigned, individually and on behalf of their successors, heirs and guardians, agree to release, hold harmless, defend and indemnify, (hereinafter "Release") Lakeside High School, DeKalb County Board of Education and DeKalb County School District, its members, officials, officers, agents and assigns, and employees, as well as lay coaches and chaperones (hereinafter jointly referred to as the "Released Parties") from and against any and all claims, demands, rights, loss, damages of every kind and description (including, but not limited to, court costs, investigative expenses, financial obligations, and attorneys' fees, liabilities, suits, legal or administrative proceedings, action, claims for lack of supervision, and causes of action arising out of, or in connection with, the student's and the undersigned's participation in the Trip. The undersigned agree that this Release includes, but is not limited to, acts of God, acts of individual terrorists or terrorist organizations, the personal injury, illness, emotional trauma, death and/or property damage or breach of contract resulting to the student and/or undersigned, caused by the acts or omissions of the Released Parties while student in on the Trip.

2. The undersigned acknowledge and understand that the Released Parties have the right and discretion to make changes to the Trip to ensure the health, safety, comfort, positive experience and/or convenience of participants in the Trip, whenever, in the sole judgment of the designated chaperones, such changes are deemed reasonable and necessary. The undersigned further agree that any designated chaperones, have the right and discretion to refuse to accept or retain on the Trip, any student or person associated with the Trip either prior to departure, or during the course of the Trip, who has not submitted his or her required documentation or signed forms.

3. The undersigned agree and understand that no responsibility is assumed by the Released Parties for the loss of identification or other documents or personal property, or damage to luggage or any personal belongings of the student or the undersigned.

4. It is understood that medical health insurance coverage for the student that is applicable in _____ is the responsibility of the undersigned, who expressly accept financial responsibility for any and all medical and/or dental care the student requires during the Trip. The undersigned agree to provide any designated chaperone, with proof of medical health insurance coverage and a completed and signed Medical Authorization form and assure the designated chaperone that there are no known health related reasons or problems that would preclude or restrict the student's participation in the Trip.

5. In addition, the undersigned agree that it is their intention fully to assume all of the risks of travel and participation in the Trip and to Release the Released Parties from any and all liabilities to the maximum extent permitted by law. If this agreement is also signed by a student who is 18 year of age or over, then that student is making a similar release and assumption of risk. The undersigned agree that the Released Parties are not liable for any claims associated with the student's inability to exit or re-enter the United States.

6. This agreement will be governed by the laws of the State of Georgia. The undersigned hereby declare myself to be physically and mentally sound, and capable of entering into this agreement.

7. The undersigned agree that a copy or scanned version of this executed agreement shall be as good as the original and operate for all purposes as the original.

_____	_____	_____
Parent Name Printed	Signature of Parent/Guardian	Date
_____	_____	_____
Parent Name Printed	Signature of Parent/Guardian	Date

If the student is 18 years of age or older, then he/she must also sign this agreement indicating that he/she agrees to and accepts the terms and conditions of this agreement.

_____	_____	_____
Student Name Printed	Signature of Student	Date