



# Parent/Guardian Consent Form and Indemnity Agreement

In or a Surrounding County Field Trip  
(Duval, Baker, Bradford, Clay, Nassau, St. Johns or Union)

Teacher / Class / Group: **MMS Choir Students** will be attending a field trip to **Douglas Anderson SOTA for FVA Solo & Ensemble**

Departing on **Feb 21 @ 5pm** Returning on **Feb 22 @ 5pm**

Lunch Info/Instructions: NA

Mode of Transportation: **Personal vehicle transportation – Need help?** YES NO - I will transport my child

**Total Cost per Student:** Solos: \$20, Duets: \$10

Total Volunteer Chaperones needed for field trip: 10 Cost per Chaperone: NA

Payment Instructions: NA

Other Information and/or Instructions:

TIMES WILL BE ANNOUNCED ON MANDARINMUSICMAKERS.COM - PLEASE email Mrs. Crumrine with any issues [crumrinek@duvalschools.org](mailto:crumrinek@duvalschools.org)

Wear formal uniforms: black long-sleeved, button down black shirt, black pants, black dress shoes, black belt, black socks  
Blue bow tie and blue suspenders

FVA Solo & Ensemble is a MANDATORY AND GRADED EVENT for all CHORUS 3 students, all others receive EXTRA CREDIT  
Concessions will be available onsite

Please Print:

(Parent/Guardian) \_\_\_\_\_, grant permission for (Student) \_\_\_\_\_

to participate in the field trip as stated above for supervised activities, and agree to release and discharge the Duval County School Board, its officers, agents and employees, exercising reasonable care within their scope of employment, from liability growing out of personal injuries and property damage resulting or occurring during the afore mentioned activities, or in transit to and from said activity. EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission for my child to receive medical treatment. In case of an emergency, please contact:

1<sup>st</sup> Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(print name)

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_ Home #: \_\_\_\_\_

2<sup>nd</sup> Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(print name)

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_ Home #: \_\_\_\_\_

If the student needs medication during the field trip, a *Permission for Administration of Medication* form must be completed and brought to the school with the medication by the parent/guardian a minimum of two school days prior to the field trip date. A blank form may be obtained from the student’s teacher or the school’s front office.

**As Parent or Guardian, I agree to all of the above stated considerations and conditions:**

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature required)

Person interested in serving as **Volunteer Chaperone** during this trip: \_\_\_\_\_ \*\*  
(print name)

Relationship to student: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

**\*\*Person interested in participating as a Volunteer Chaperone must be an “approved” volunteer with the District prior to the field trip date.**  
If he/she has not applied to be a volunteer within the last two years, he/she may do so via the internet at [www.duvalschools.org](http://www.duvalschools.org).  
At the main webpage, select “community” > “volunteer information” > “Apply to be a volunteer online.”