

# THE SCHOOL DISTRICT OF FLAGLER COUNTY, FLORIDA

## PARENT/GUARDIAN DANCE CONSENT

### BELLE TERRE ELEMENTARY SCHOOL

**Date of Event:** Friday, December 14th, 2018    **Time:** 3:30-5:00 PM    **Cost of Admission:** \$5

**Pickup:** Please note that K-2 students will need to be signed out by a parent. Please bring a photo ID. Pickup is in the South Side Car Rider line for grades 3-6.

**Allergy Alert:** Concessions will be sold

Student's Full Name: \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Person(s) picking up my K-2 child will be: \_\_\_\_\_

I, the parent/guardian of the above named student hereby give my consent for my child to participate in the BTES School Dance on Friday, December 14th, 2018.

I/We acknowledge our student is in good physical health and this activity does not pose a health hazard to my student.

I/We hereby grant permission and give my/our consent for my student to (1) be treated by any qualified nurse, physician, or surgeon as may be deemed necessary by the District, its agents, servants, or employees during the trip; (2) be administered medication and/or emergency first aid care as may be necessary or appropriate; and (3) receive treatment in hospitals, medical offices, or elsewhere in the event of accident or illness. To assist in that medical care or treatment, I/we represent that the medical information supplied on the Medical Information Form and or the School Health Card is true and accurate. In the event of an injury requiring medical attention, I/We understand and agree that neither the District nor its agents, servants, or employees are responsible for obtaining, or for the result of any medical or emergency treatment rendered or supplied to my student. I/We will hold the District and its agents, servants, or employees harmless and indemnify them from any claim, cause of action or demand arising out of any form of or the lack of medical or emergency treatment rendered to my student.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Work Phone

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

Emergency contact, if parent unavailable:

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

Phone \_\_\_\_\_