Field Trip Forms

The forms below are required for a student to go on any overnight or local field trips. You must fill them out and return them. The sooner we can have them turned in, the sooner we can get all of our ducks in a row to make sure we're organized and ready to roll. Even is you're not sure if you'll be able to go to one or all of the field trips, go ahead and fill these out, that way you're ready if and when you do decide to go.

District 9 Thespys October 18 Blake High School

Florida Theatre Conference November 6-8 Winter Haven (overnight)

District 9 One Acts December 4-6 USF Tampa

Here is a quick run down of what each form is and what to do with it.

Application for Participation

- A fancy way of saying "Permission Slip"
- The information requested is fairly self-explanatory
- The dates and locations of all of our events are listed on this form. By signing you are not giving the thumbs up for your child to go to each event. Just saying that IF you want them to go down the road the form is already filled out. It just saves you the trouble of having to sign a new form each time.

Auto Insurance Confirmation

- If you or your child will be driving, we need the insurance info for each car and driver
- If you are on the fence about driving or would drive if you HAD to...please fill this out. It does NOT mean that we WILL ask you or need you to drive, it's just better to be safe than sorry. It's easier to have this on file in case of emergency if another driver can't drive at the last minute.

Medical Release Form

- This MUST BE NOTARIZED!!
 - Do not turn this in unless it's NOTARIZED
 - Notaries can be found at any bank, law office, title company, the UPS store and many other businesses. The school has several notaries on staff as well so if you need to, ask the front desk and they can direct you to a notary on campus.
- The dates and locations of all of our events are listed on this form. By signing you are not giving the thumbs up for your child to go to each event. Just saying that IF you want them to go down the road the form is already filled out. It just saves you the trouble of having to sign a new form each time.

Teacher Notification

- Before a student can miss school, they must have this form filled out and returned AT LEAST 3 days prior to missing school.
- If a student has worked hard to earn a competition spot and paid their dues, but has not filled out this form...the school can tell them that they can't go. I would hate to see that happen, so please...fill this out and have teachers sign it!!
- Do NOT wait until the last minute to do this. You procrastination does not equal an emergency on their part!

Please do NOT print these forms double sided



INSTRUCTIONAL FIELD TRIP PERMISSION FORM

This form is used for recording a parent or guardian's permission for their student to participate in an instructional field trip and related travel using the specified transportation. Students must also complete the Student Conduct Pledge. This form must be on file with the student's school before a student may participate in an instructional field trip.

Student Conduct Pledge							
Ī.	. am a student in	Steinbrenner High Scho	ol in	Mr 1	Bradv's		class.
Name of Student	,	Name of School		icher Name o	•		
I pledge my compliance with the myself on all field trips in such participant in field trip activities	a manner as to bring						
	S1	udent's Signature		Month	_/ Day	/ Year	-
Parent/Guardian Permission							
As parent or guardian of			, I give per	mission for t	heir parti	cipation	in the
1- Thespys or 2 - FTC or Field Trip Name	Name of Student & 3 - D9 One Acts	District Student Number	d trip on		1 - Oct 1 2 - Nov 6 3 - Dec 4	8,2025 5-8, 2025	;
The location of this field trip is		ol 2 - Winter Haven, Flo ation Name and Address (S					
Hillsborou A regular A private	st complete a volunte chaperones to supe for the trip will be prautomobile of a parer ugh County Public Sc school bus operated be	er application and screening rvise varies students. Number ovided by at, teacher, and/or licensed	rg. (Talk to Mr. Br number of chap student, none o	rady. Each experones) f which is ur AND/OR	ent will 1	need a di	fferent
Parent Name (Please Print)	Paren	Signature N	Month Day	Year	Daytime	/ Cell Ph	one
A copy of this form must be su	bmitted to the office (days prior to the field trip) .				

School District of Hillsborough County, Florida Automobile Insurance Confirmation

This form is used for recording the status of insurance on vehicles that will be used on field trips.

To: Principal ofSto	einbrenner High		School	
We hereby agree to furnish our automo	obile, which is a			
Ye	ear, Make and Model of car w	hich comp	olies with Board Policy	
to transport students on a field trip to			1 - Oct 18, 2025 2 - Nov 6-8, 2025	
1 - Blake HS or 2 - Winter Ha Destination	even FL or 3 - USF Tampa	on	3 - Dec 4-6, 2025 Date	
Destination			Date	
This is to confirm that we do have insu	rance with			
			that complies with state law.	
Name of Au	ito Insurance Company			
Parent/Guardian Signature an	d Date		Parent/Guardian Signature and Date	
Print name of student attending	g field trip			



FIELD TRIP MEDICAL RELEASE FORM

This form is used for recording parental permission for medical and/or surgical treatment in case of medical concerns on a field trip. A notarized signature is required for an overnight or out-of-state field trip.

Student Name:	School:
Date of Birth:	Student #:
Location of Field Trip:	Date(s) of Field Trip:
As the parent and/or legal guardian of (<i>print student nam</i> I authorize Hillsborough County Public Schools, its agent consent to any medical emergency treatment, including he the supervision of a licensed health care provider. The part My signature below represents consent and agreement to	nospital care, to be rendered to my child by or under arent/legal guardian is responsible for any fees or costs
Parent/Guardian S	Signature Date
STATE OF FLORIDA, COUNTY OF	
SUBSCRIBED and sworn to before me, a Notary Public	, this, 20
Signature of Notary:	Print Name:
Medical Insurance Company:	Policy #:
Student's Address:	Phone:
Father's Name:	Phone (Day):
Business Name (if applicable):	Phone (Evening):
Mother's Name:	Phone (Day):
Business Name (if applicable):	Phone (Evening):
Family Physician's Name:	Phone:
Physician Address (street, city, state):	
Check any health conditions that apply (if none, leave black	ank). Allergies Asthma Diabetes Seizures
Heart condition Other (please describe):	
Medications prescribed:	
Hospital preference:	
NOTE: In the event of an emergency medical situation, to will be made to contact the student's parent/guardian reg	he chaperone/teacher will call 911 and all attempts



Teacher Notification of Student Participation in School-Sponsored Activity

This form is used by students to notify their teachers they will be attending a school-sponsored activity and to plan for the completion of classwork assigned by their teachers while they are on school business. This form must be submitted by the Field Trip Sponsor to the Assistant Principal's office three (3) days before the school-sponsored activity begins.

	Student Name (please print)		Grade Level	Date of A	ctivity	
		Pur	pose of Activity			
	Brad	Brady	Augu	ıst 11, 2025		
	Brad Brady Field Trip Sponsor Signature			Date of Issue		
ie signat	ture of the field	trip sponsor signifies only	y that the student will be a	attending a school-spon	sored act	
		Classw	ork Make-up Plan			
			preferred by teachers for c ponsored activity (school b		t will be	
			ınder Preferred Plan			
Period	Course	Teacher's Name	Submit classwork before activity	Make up within 3 days after activity	Date	
1						
2						
2						
3						
3						
3 4						
3 4 5						
3 4 5 6						
3 4 5 6 7						

Distribution: Field Trip Sponsor SB 60533 (Rev. 11/18/2022)