



DISTRICT SCHOOL BOARD OF PASCO COUNTY
District and/or School Sponsored
Events/Activities
Parent Permission Form

MIS Form #167E
Rev 10/23

Pursuant to 1001.02(1), (2)(n), F.S., Pasco County Schools strives to protect the safety and welfare of all students and the fundamental rights of parents regarding school and/or district sponsored events and activities.

District/School-sponsored refers to any event or activity created for students to study or participate in while in the custody of the school district, including field trips, extracurricular activities or other supplemental programs and activities as defined in Rule 6A-10.085, F.A.C.

Name of the event or activity:	GradVenture at Universal Studios Orlando
Activity Description:	We will be traveling to Universal Studios Orlando to celebrate the conclusion of middle school and upcoming 8th grade promotion
Date of event or activity:	Friday, May 8, 2026
Time of event or activity:	2:00 pm to 2:00 am (Saturday, May 9)
Location:	Universal Studios Orlando, FL
Types of sponsors and or guests:	RRMS faculty and staff
Anticipated Number of Chaperones:	25

By signing and returning this form to my child's school, I formally state that I grant permission to the District School Board of Pasco County to allow participation in the above-described event or activity.

Last Name of Student _____ First Name _____

Student # _____ Grade _____ School _____

I understand fully the conditions set forth in this document.

Name of Parent or Guardian (Please Print) _____

Signature of Parent or Guardian _____

Date _____ Contact Phone Number _____

-----***For District/School Use Only***-----

DISTRIBUTION: Original - School or Department Data Entry: Copy – Individual Copy – Individual



**DISTRICT SCHOOL BOARD OF PASCO COUNTY
PARENT RELEASE**

MIS Form #166
Rev. 01/18

TRANSPORTATION BY:

School Bus/Van _____ Private _____ Vehicle _____ Walking _____ Charter Bus ☒ PCPT _____

Date of Field Trip Friday, May 8, 2026 Sponsor Mr. Collier

In consideration of _____ having been accepted by the
Student Name - Please Print Date of Birth

principal, teacher(s) or other personnel of River Ridge Middle School of the District School

Board of Pasco County to go on a school sponsored trip to GradVenture at Universal Studios Orlando,
and I, the undersigned, understand that my child, if transported by a privately owned vehicle, charter bus, school bus or
walking, hereby release the District School Board of Pasco County, the individual members of said Board, the
Superintendent, the principal, teachers or other employees of the school, and volunteer leaders from any financial
responsibility because of sickness of the student while going to, returning from, or attending said field trip or because of
any accident in which the student is injured. To ensure prompt attention in case of sickness or accident, I hereby authorize
the person(s) in charge of said trip to incur expense considered necessary for treatment, and I agree to pay for same if this
is in excess of the amount paid by any accident or health insurance policy that may be in effect at the time of the sickness
or accident.

In any situation in which the safety and security of students might be compromised (e.g., Red Alert Status issued by the
Department of Homeland Security, severe weather conditions, etc.) the District School Board of Pasco County will take the
necessary steps to ensure the safety of its students and staff, including the cancellation of scheduled field trips and school events.
Should this trip or event be cancelled as a result of such an event, the District cannot guarantee any monies (including deposits)
will be refunded by the vendor(s) associated with this transaction. Therefore, students, parents, guardians, etc., are hereby
cautioned and advised that the District will not be liable for any reimbursements associated with this event that are not refunded
by the vendor(s) and returned to the District.

I have documented below all precautions/instructions regarding my child's medication. I have noted any special health related
conditions or allergies regarding my child. I understand that the trained school employee who usually dispenses medication
may or may not be present during the trip. Medications will be dispensed by a trained school employee (in accordance with
Board Policy 5330).

STUDENT SHIRT SIZE: (circle one)

XS S M L XL 2X 3X

(standard adult sizes)

PAYMENT: cash check online

Student name

Student ID

Please list any medication(s) your child is currently taking (at home or school): (Dosages/Times)

Allergies:

Additional Health Concerns:

Name of Parent or Guardian - Please Print

Date

Signature of Parent or Guardian

Primary Phone

Alternate Phone

Business Phone

Street, Rural Route, or P.O. Box

City

State

Zip Code

Name of Additional Emergency Contact / Relationship to Student

Phone