



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

MIS Form #166
Rev. 01/18

TRANSPORTATION BY:

School Bus/Van____Private____Vehicle____Walking____Charter Bus **X** PCPT ____

Date of Field Trip **Friday, December 4, 2026**

Science teacher: _____ science period: _____

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 **Kennedy Space Center (NASA)**

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)

YM YL S M L XL 2X

(S-2X = unisex/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



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

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:	Kennedy Space Center Field Trip
Activity Description:	We will be traveling to Cape Canaveral to visit Kennedy Space Center to gain first-hand experience relative to numerous Earth/space science standards addressed in the 8th grade science curriculum
Date of event or activity:	Friday, December 4, 2026
Time of event or activity:	6:00am to 8:00 pm
Location:	Kennedy Space Center, Cape Canaveral, FL
Types of sponsors and or guests:	School board employees and district-approved volunteers
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