Parent Permission Form

**The School Board of St. Lucie County**

**St. Lucie West, Florida**

We, the undersigned parents of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , do grant permission for the student to take school sponsored trips to all 2023-2024 scheduled PSLHS Band events.

My son/daughter understands that he/she must follow the rules and regulations of the Florida High School Activities Association, as well as those of the St. Lucie County School System and the Port St. Lucie High School Band Program.

I authorize the school to obtain, through a physician of its own choice, any emergency medical care that may be necessary for the student in the course of such activities on such travel.

**IN ORDER TO PARTICIPATE, THIS FORM MUST BE RETURNED AND NOTORIZED BY JULY 17TH, 2023.**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If a person other than the parent signs the permission, the signer should identify his or her relationship with the student)

Parent or Guardian Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Notary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Commission #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration date: \_\_\_\_\_\_\_\_\_\_\_\_\_

***Approved by the School Board 1/22/85***