

**Collier County Public Schools Travel Authorization**

**Student Name:** \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

Phone: \_\_\_\_\_

**In Case of Emergency:**

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

Phone: \_\_\_\_\_

I, the undersigned parent or legal guardian of \_\_\_\_\_, grant permission  
(name of student)

for my child or ward to travel with the Music Department of Palmetto Ridge High School.

I understand, acknowledge and agree that:

The School Board of Collier County, Florida, will provide for reasonable supervision of students within its care and control. The supervision will be consistent with the ages of the students. However, the school board is not an insurer of the safety of the students nor can it supervise all movements of all students at all times.

In addition, there are certain risks inherent in travel and at the destination. I further understand that an employee or volunteer has no personal liability unless he or she has acted recklessly, wantonly, or intentionally to injure my child.

**AND**

I, the undersigned parent or legal guardian of \_\_\_\_\_, authorize emergency medical treatment for my child/ward should the need arise for such treatment while my child/ward is under the supervision of the PRHS Music Department.

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

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

Name of Parent/Guardian (printed): \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF COLLIER

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 2009.

(Notary Seal)

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Printed Name of Notary

\_\_\_\_\_  
Expiration Date