

Santa Rosa County School District
Participant Authorization
Navarre Beach Marine Science Station
2012

******Parents, please complete all of the following information:******

Student's Name: _____

Name of Parent/Guardian: _____ Phone Number: _____

A. Parent/Guardian Permission

I give permission for my son/daughter to participate in the Marine Science Program at the Navarre Beach Marine Science Station. I agree to release the Santa Rosa County School Board and its officials, officers, and employees from liability for any and all claims of injury which might occur while my son/daughter is participating in this program.

B. Emergency Medical Authorization

Should a medical emergency arise while my son/daughter is participating in this camp, I will be notified at the above number in order to approve medical treatment. In the event that I or one of the emergency contacts listed below cannot be reached, I give permission for immediate treatment as required in the judgment of the attending physician. I understand and agree that I will be responsible for the cost of such treatment.

Emergency Contact: _____ Phone Number: _____

Emergency Contact: _____ Phone Number: _____

Name of Insurance Company: _____

Group/Policy Number: _____