




OKALOOSA COUNTY SCHOOL DISTRICT
TECHNICAL ASSISTANCE MEMORANDUM
FINANCE

FINANCE TAM: 2007- 029
CONTACT: Paula Sadler, Accountant
Budgeting & Financial Services
TELEPHONE: 833-5833

TO: All Principals/Child Care Coordinators
FROM: Rita Scallan, Chief Financial Officer 
DATE: May 15, 2007
SUBJECT: Child Care Summer Activities

Please refer to the following information when planning your Child Care Summer Activities:

1. Attached is a memo from Jim Palmer, Risk Manager, dated May 15, 2007, regarding insurance coverage for swimming activities for child care programs.
2. Insurance has revised the MIS 5185 On/Off-Campus School Activity Form for field trips. (See Attached) Child Cares are allowed to use one blanket MIS 5185 On/Off Campus School Activity Form for each student for all summer field trips. The Parent must complete Section B or C and the parent permission portion of the form. Mr. Palmer recommends using the description All Summer Child Care Activities under the Name of Event. Since the form is to be used for all summer trips activities make sure under the Date and Time you put a date range of when the field trips will begin and end. (For Example: May 21, 2007 – August 17, 2007)
3. If your school plans to use purchase orders for summer field trips, please coordinate with your school's bookkeeper as the last day for entering requisitions online is June 22, 2007.
4. All child care petty cash accounts are required to be replenished prior to June 30, 2007. The last day to request reimbursement for child care petty cash is June 19, 2007.
5. If your child care uses internal funds to deposit field trip fees, remember to fill out a check request for each field trip and give the bookkeeper ample notice to have the check written.

Should you have any questions or need additional information regarding child care summer activities, please contact the following individuals based on subject area:

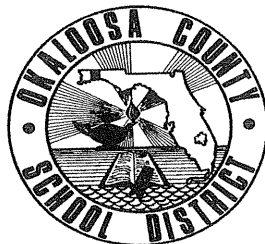
1. Insurance – Jim Palmer at 833-3190,
2. Child Care Programs – Paula Sadler at 833-5833, and
3. Internal Funds and Purchase Orders – School Bookkeeper.

Attachments

SCHOOL DISTRICT OF OKALOOSA COUNTY

SUPERINTENDENT OF SCHOOLS
ALEXIS TIBBETTS, Ed.D.

ATTORNEY TO THE BOARD
C. JEFFREY McINNIS



BOARD MEMBERS
CINDY FRAKES
HOWARD HILL
CHUCK KELLEY
CATHY THIGPEN
RODNEY L. WALKER

TO: Before and After School Daycare Providers

FROM: Jim Palmer, Risk Manager

DATE: May 15, 2007

RE: Swimming Activities

A reminder to all Daycare Directors regarding Swimming Activities. This insurance does not apply to:

1. "Bodily injury" "property damage" or "personal and advertising injury" arising out of or related to any swimming pool, bathing pool, wading pool, swimming facility, public or private beach, lake, pond or ocean, however this exclusion does not apply to **wading pools meeting the following criteria:**
 - a. Depth not to exceed 18 inches; and
 - b. Size not to exceed 8 feet; and
 - c. Plastic construction.
2. "Bodily injury" "property damage" or Personal and advertising injury" to any person while practicing for or participating in any swimming related activity, sport, athletic contest or exhibition.

Should you have any questions, please do not hesitate to contact me at 833-3190.

Thank you

cc: Southside Elementary School
Bob Sikes Elementary School
Wright Elementary School
Mary Esther Elementary School
Northwood Elementary School
Plew Elementary School
Walker Elementary School
Antioch Elementary School
Bluewater Elementary School
Edge Elementary School
Paula Sadler, Budgeting Department

ADMINISTRATIVE COMPLEX-120 LOWERY PLACE S.E.-FORT WALTON BEACH, FLORIDA 32548
TELEPHONE (850) 833-3100 FAX (850) 833-3436

CARVER HILL-461 W. SCHOOL AVE.-CRESTVIEW, FLORIDA 32536
TELEPHONE (850) 689-7300 FAX (850) 683-7696

ON/OFF-CAMPUS SCHOOL ACTIVITY

TO: Parent/Guardian

FROM: School Principal

All Students participating in off-campus school sponsored activities shall have the "ON/Off-Campus School Activity" form (MIS 5185, REV05/07) completed and signed by a parent or guardian. This form shall accompany the sponsor(s) to the off-campus activity(s) and should be completed as follows:

A. _____ Student activities in-county/off-campus: Parent or guardian shall complete the parent permission portion of the form for each activity. The form is not required to be notarized for in-county on/off-campus activities.

B. _____ Student activities requiring off-campus/out-of-county travel: Parent or guardian shall complete the form in its entirety and have the form notarized for each activity, unless the form has previously been under the multiple off-campus activities guidelines.

C. _____ Student Activities requiring multiple off-campus/out-of-county travel: Parent or guardian shall complete the form in its entirety and have the form notarized. Completion of the form may be used for all related activities (example: band trips scheduled for the school year).

PARENT/GUARDIAN COMPLETE FOR A, B, AND/OR C.

Your son/daughter is eligible to participate in a school-sponsored activity requiring transportation to a location away from the school building. This activity will take place under the guidance and supervision of employees from _____ School. A brief description of the activity follows:

Name of Event: _____ Destination: _____

Designated Supervisor of Activity: _____

Date and Time of Departure _____ Date and Anticipated Time of Return _____

Student Cost: _____ Method of Transportation: _____

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent by _____ (date). As parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named student.

If your child requires medication to be administered during this activity, please complete the following information:

List any medications needed during this activity: _____. Parents must supply all medications in their original prescription container. List all allergies of student: _____. If any medications are listed, parent or guardian must speak with the designated employee prior to the activity. Both must sign below. If this is not completely filled out, your child will not be allowed to participate in this activity.

Parent/Guardian _____ Employee _____

I hereby consent to participate by my child, _____, in the event described above. I understand this event will take place away from school grounds and my child will be under the supervision of the designated school employee on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation and required information on medications.

Please print or type name

Date

Signature

PARENT/GUARDIAN PERMISSION FOR EMERGENCY TREATMENT COMPLETE FOR "B" AND/OR "C" ON THE BACK OF THIS FORM.

PARENT/GUARDIAN PERMISSION FOR EMERGENCY TREATMENT: COMPLETE FOR "B" AND/OR "C"

On rare occasions an emergency requiring hospitalization, surgery, and /or other medical treatment develops. The designated supervisor of this activity will attempt to contact the parent/guardian prior to emergency treatment consent. In some state/countries, students under 21 years might not be administered an anesthetic or operated upon without the written consent of the parent/guardian; therefore, we request the parent/guardian sign the following statement. This is to prevent a dangerous delay if an emergency does occur and we are unable to contact the parents.

In the event of injury and/or illness to our son/daughter/ward, _____

Student Name and Social Security Number _____
 born _____ Address _____
 Month/Day/Year Street City State Zip Code

Health Insurance Plan and Plan Number _____

We hereby authorize an Okaloosa County School District representative who is employed on the District school campus to obtain and give consent to whatsoever medical treatment the representative deems necessary, including the administration of an anesthetic and surgery, and do hereby release the Okaloosa County School District and the representative from any and all claims which may arise from the representative's obtaining and consenting to said medical treatment.

 Please print or type name Date Signature

 Telephone Number Emergency Contact Person Emergency Telephone Number

Comments: _____

**STATE OF FLORIDA
 COUNTY OF OKALOOSA**

The foregoing instrument was acknowledged before me this _____ by _____
 Date Name of Person Acknowledged

who is personally known to me or has produced _____
 Type of Identification

as identification and who did/did not take an oath.

 Signature of person Taking Acknowledgment Name of Acknowledger Typed, Printed or Stamped

TO BE COMPLETED AT THE OPTION OF THE SCHOOL FOR SECONDARY STUDENTS

Students Name: _____ Date _____
 Last/First/Middle

I request to be released from the following classes to go to _____

**TO BE COMPLETED BY THE TEACHERS
 GOOD STANDING**

| | | | Absence | Approved |
|-----|-----|----------|---------|----------|
| YES | NO | PERIOD | YES | NO |
| () | () | 1. _____ | () | () |
| () | () | 2. _____ | () | () |
| () | () | 3. _____ | () | () |
| () | () | 4. _____ | () | () |
| () | () | 5. _____ | () | () |
| () | () | 6. _____ | () | () |
| () | () | 7. _____ | () | () |

To be submitted to the sponsor in charge of this off-campus activity.