



OKALOOSA COUNTY SCHOOL DISTRICT  
TECHNICAL ASSISTANCE MEMORANDUM  
FINANCE

FINANCE TAM: 2009-044  
CONTACT: Paula Sadler, Accountant  
Budgeting & Financial Services  
TELEPHONE: 833-5833

TO: Select Principals  
FROM: Debbie Bruce, Director – Budgeting and Financial Services  
DATE: June 5, 2009  
SUBJECT: Child Care Summer Activities

A handwritten signature in black ink, appearing to read 'Debbie Bruce', written over the 'FROM' line of the memo.

When planning your Child Care Summer Activities, please refer to the following information:

1. Please find attached a memo from Risk Management dated June 5, 2009, regarding insurance 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 Sections B, or Section C, and the parent permission portion of the form. Risk Management recommends using the description **All Summer Child Care Activities** under the Name of Event. Since the form is to be used for all summer activities, please make sure under the Date and Time you enter the date range of when the field trips will begin and end. (Example: June 8, 2009 – August 21, 2009)
3. If your school plans to use purchase orders for summer field trips, please get with your school's bookkeeper as soon as possible. The last day for entering requisitions online is June 19, 2009.
4. All child care petty cash accounts need to be replenished before June 30, 2009. The last day to request reimbursement for child care petty cash is June 18, 2009.
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 processed.

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.

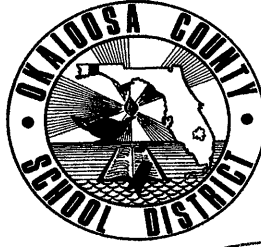
Attachments

Cc: Child Care Coordinators

# 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: June 05,, 2009

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  
Destin Elementary School  
Northwood Elementary School  
Plew Elementary School  
Walker Elementary School  
Antioch Elementary School  
Bluewater Elementary School  
Edge Elementary School  
Longwood 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 BACK SIDE**

**PARENT/GUARDIAN PERMISSION FOR EMERGENCY TREATMENT:**

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

born \_\_\_\_\_ Address \_\_\_\_\_  
Month/Day/Year Street City State Zip Code

Health Insurance Plan and Plan Number \_\_\_\_\_

We hereby authorize an Okaloosa County School District principal and/or designee who is employed on the students 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: \_\_\_\_\_

**NOTARY REQUIRED FOR "B" And/Or "C"**

**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.