



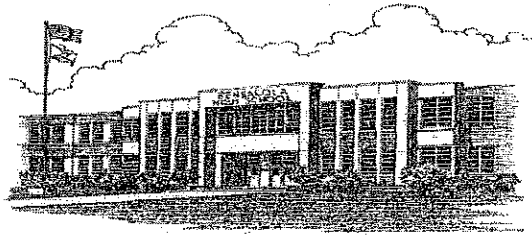
# PENSACOLA HIGH SCHOOL



**David M. Williams**  
Principal

**Alphonse Marsh, Ed.S**  
Assistant Principal

**Jessica Canales**  
Assistant Principal



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**Laura Brewer**  
IB Coordinator

## Student Shadowing Parental Consent and Release

I/We, hereby grant permission for (student name) \_\_\_\_\_ to participate in an on campus school activity of (type activity) Shadowing a Pensacola High School Student during class on (date) \_\_\_\_\_.

I/We, on behalf of ourselves, our heirs, executors, successors, and assigns, in consideration of my/our child participating in the on-campus school activity, release and agree to save and hold harmless Pensacola High School and the School Board of Escambia County, Florida, its agents, servants, employees and successors from any activity and from the obtaining of and consenting to medical treatment, and assume full responsibility and liability for any and all expenses, damage, accident, illness, injury, or medical expense of and to my/child or our property resulting from such participation. We attest and affirm that the participant is physically fit and able to participate in the activity and we have not been advised or informed by anyone to the contrary.

In the event of an accident requiring emergency care, a reasonable effort will be made to notify the parent/guardian if practicable. By the signature below, the parent/guardian hereby authorizes any emergency medical treatment and/or hospitalization deemed necessary by emergency response or medical personnel. A copy of this permission form will accompany the activity sponsor. A copy of this permission form must be retained by the sponsor based on the State Retention Guidelines

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

NOTARY

NOTARY SEAL

Signed before me this \_\_\_ day of \_\_\_\_\_ 20\_\_ Identification \_\_\_\_\_ Known to me \_\_\_\_\_  
Signature of Notary \_\_\_\_\_

\_\_\_\_\_  
Administrator Signature of Approval

\_\_\_\_\_  
Date