



Thunderbolt Elementary School

2020 Thunderbolt Road Fleming Island, Florida 32003

Dee Dee Phillips, Principal

Winitra Dixon, Assistant Principal Lara Libretto, Assistant Principal

December 20, 2016

*Please add to
Jan Agueda.*

Mr. Davis,

Please find enclosed an out of county leave form and a field trip form for our Thunderbolt Elementary Music teacher Mrs. Martha Reid to attend the Florida All State Clinic and Performance for elementary music students. One of our students, who also is the son of our music teacher, made All State and would like to attend the state music clinic and participate in the performance to be held in Tampa, Florida January 11 - 13, 2017. If additional information is needed please contact me or Mrs. Reid.

Thank you for your consideration of this honor for our student and school music program.

Dee Dee Phillips

SCHOOL DISTRICT OF CLAY COUNTY APPLICATION FOR LEAVE

Section I Type of Leave

Illness in Line-of-Duty Court Leave Association Leave (With approval of Union President)
 TDE (Out-of-County) Professional Leave Bereavement Leave (With approval of Supt./ Designee)

Section II Payroll Information
To be completed by cost center personnel

Ending Pay Period ___/___/___ Pay Period ___/___/___ JB# _____ School/Dept. _____
 Normal work hours per day _____ Date leave keyed ___/___/___ Keyed by (Initials) _____

Section III Request/ Employee Information
ALL INFORMATION TO BE COMPLETED/SEE BACK FOR INSTRUCTIONS

Date of Request 12/15/16
 Name Martha Reid
 Position teacher Social Security # XXX-XX-0194
 Date leave begins 1/11/17 Time 7:40 a.m. p.m.
 Date leave ends 1/13/17 Time _____ a.m. 3:10 p.m.
 Date returned to work 1/17/17 Time 7:40 a.m. p.m.
TOTAL HOURS REQUESTED 22.5
 a. Destination/Location Tampa
 b. Purpose/Reason All State Clinic + Performance
 c. Circumstances Teacher of a student who made All State
 d. Physician name _____
 I understand the provisions of Board policy and/or Master contract regarding the leave requested and certify statements made are correct and accurate. I understand that my leave can be granted only with prior approval of my Supervisor and the Superintendent/Designee.
 Signature of Employee Martha Reid Date 12/15/16

Section IV Approval

Signature of Supervisor Du Du Rhilly Date 12/19/16
NOTE: SUBMIT ONLY ILLNESS-IN-LINE-OF-DUTY AND ASSOCIATION LEAVE TO HUMAN RESOURCES. BEREAVEMENT LEAVE IS SUBMITTED DIRECTLY TO THE ASSISTANT SUPERINTENDENT FOR HUMAN RESOURCES FOR SUPERINTENDENT/DESIGNEE APPROVAL. OTHER LEAVE FORMS ARE MAINTAINED AT THE WORK SITE.
 Approved 1/3/17 Denied ___/___/___ Keyed _____ Agenda Date ___/___/___
 Superintendent/Designee [Signature]

Submit both copies of ILOD or Association Leave to Human Resources. Bereavement Leave is submitted directly to the Assistant Superintendent for Human Resources, with documentation, for approval.

Off Campus School Activity Parent/Guardian Consent and Release Form
School District of Clay County

The undersigned Parent(s)/Guardian(s) of the student named herein hereby grant permission for said student to attend and participate in the following off campus school activity:

Name of Student: Nathan Reid D.O.B. 10/14/05
Activity: All State Convention Date of Activity: 1/11 - 1/13
Location: Tampa, FL + Concert Teacher/Sponsor: Martha Reid
Method of Transportation: School Bus or Private Vehicle or Charter Bus

Motor Vehicle Insurance:

I/We understand that under present "no fault" motor vehicle insurance law, if my child is injured while riding in a private passenger automobile which is involved in an accident, he/she will be primarily covered for bodily injury under our/my family automobile insurance policy, and I/We agree to submit any medical bills incurred to my/our insurance company for payment. I/We assume all responsibility for any deductible or self insured retention which is part of the terms of my/our motor vehicle insurance personal injury protection coverage.

Assumption of Risk/Release of Liability:

I/We have determined that participation in this off school campus activity by my/our child/ward is important and is of value and benefit to my/child and ward. I/We understand that the coaching staff, activity sponsors, teachers and school officials will act reasonable to protect my/our child from injury, including the provision of appropriate safe equipment, facilities, and training designed to reduce the possibility of injury or death, and the safety of my/our child is of primary concern during all such off campus school activities. I/We understand that there will be incidental stops en-route to and from the activity when determined necessary or desirable. I/We have considered and know of and acknowledge, and our child/ward has been informed of the risks involved in said off campus activity, which risks include, but are not limited to, physical injury, disabling injury and death, and I/We choose to accept any and all responsibility for his/her safety and welfare while participating in said off campus activity. With full understanding of the risks involved I/We release and hold harmless my/our child's/ward's school, the School Board of Clay County, Florida ("School Board") and all officers, employees, agents and representatives of the School Board and the school from any and all responsibility and liability for any claim or cause of action for personal injury or death arising out of or resulting from my child's/ward's participation in this activity and agree to take no legal action on my/our behalf, or on behalf of the child/ward or the estate of the child/ward because of any injury, death or damage caused by any accident or mishap involving my child/ward while participating in this activity.

Consent to Medical Treatment/Certification of Physical Condition:

I/We authorize and consent to emergency medical treatment for my/our child/ward

[Parent, Guardian, Student Initial acknowledgement of this page: MR, MR]

should the need arise for such treatment while my/our child/ward is under the supervision of the school or its employees, agents or representatives and I/We assume full responsibility for any cost or medical expense incurred for the rendition of said medical treatment. I/We hereby certify that my/our child/ward is healthy, and sufficiently physically fit and able to participate in this activity and that I/We know of no fact to the contrary which would limit his/her participation. If my/our child/ward has any physical condition which might limit his/her activity or cause my/our child/ward to become ill it is listed below. I/We agree to inform the appropriate school officials should my/our child's/ward's condition change in any way and at any time so as to affect his/her participation in the activity named herein.

****I UNDERSTAND THAT THIS DOCUMENT CONTAINS A RELEASE****

Nathan Reid
Signature of Student
Nathan Reid
Print Name of Student
12/20/16
Date Signed

[Signature]
Witness
Kevin Reid
Print Name of Witness
12-20-16
Date Signed

Martha Reid
Signature of Parent/Guardian
Martha Reid
Print Name of Parent/Guardian
12/20/16
Date Signed

Stephanie Kimball
Witness
Stephanie Kimball
Print Name of Witness
12/20/16
Date Signed

1223 Orange Cir N, OP, FL
Home Address
32073

(904)476-7022, (904)704-5450
Home and Emergency Phone #s

IMPORTANT: IF THE CHILD HAS ANY PHYSICAL CONDITION LIST IT HERE!
This medical information is included to assist the Activity Director/Teacher in assuring your child's/ward's well being. Please list any known allergic reactions (bees, ants, medications, substances, foods, etc.). List any medical conditions such as, but not limited to, asthma, wheezing, heart disease, seizures, diabetes, muscular or skeletal problems or any other medical condition or problem which you would like to bring to the schools attention. Please feel free to call the school in advance of the activity date to discuss any concerns or specific health problems.

