



FSCJs South Campus Student Experience Ponte Vedra HS

Date: Tuesday, December 2nd, 2025

Time: 10:00am - 12:00pm

Location: FSCJ South Campus: 11901 Beach Blvd Jacksonville, FL 32246

Day of Contact: Maiah Leon- Maiah.leon@fscj.edu - 904-361-6197

10:00 am Student Arrival & FSCJ Welcome -
Sidewalk leading up to building U

10:05 am South Campus Tour

- Resources: Bookstore, Student Services, Student Life, Hope Food Pantry, Military and Veterans services.
- Includes: ASL, Multimedia, DanceWorks, Athletics, Performing Arts!

11:15 am Workshop - Apply to FSCJ for FREE!

12:00 pm Dismissal

**St. Johns County School District
Parent Permission Form for Field Study Activities**

Student Name: _____ School: Ponte Vedra High School

I/We, the parents/guardians of the student named above, have been informed of the activities planned for the field study to: (If visiting multiple locations, list all.)

FSCJ - Florida State College @ Jax Southside on Tuesday December 2, 2025

Time to Leave: 9:30 Return: 12:30 Anticipated Number of Chaperones 2 (DATE)

This field study includes a supervised water activity: Yes _____ No X

School Bus at a cost of \$ 0.00
(Mode of Transportation)

We understand in times of national emergency or any other time when it is in the best interest of the health, safety and welfare of students and employees, the School Board may revoke its approval assuming no liability for reimbursement of costs or expenses incurred by the cancellation of any activity.

I/We hereby grant permission and give my/our consent for my student to (1) be treated by any qualified nurse, physician, or surgeon as may be deemed necessary by the District, its agents, servants, or employees during the activity; (2) be administered medication and/or emergency first aid care as may be necessary or appropriate; and (3) receive treatment in hospitals, medical offices, or elsewhere in the event of accident or illness. To assist in that medical care or treatment, I/we represent that the medical information supplied on the Medical Information Form is true and accurate. The District, its agents, servants, or employees are not responsible for acts or omissions of third parties as a result of securing medical care. I/We will hold the District and its agents, servants, or employees harmless and indemnify them from any claim, cause of action or demand arising out of any form of or the lack of medical or emergency treatment rendered to my student.

In the event that a student must return to school independently for reasons of health, accident, failure to conform to rules established by the teacher in charge, etc., we agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses. This permission slip also serves as a contract that the student and parent(s) understand and agree to the guidelines from each teacher as to making up missed assignments.

My student requires medication and/or non-emergent medical attention: YES _____ NO _____

If yes, you must complete the Medical Information Form (obtained from the activity supervisor) and provide an Authorization to Assist in the Administration of Medication/Treatment form signed by both the parent/guardian and the physician ordering the medication, if not already on file in the school clinic.

Signature of Parent/Guardian _____

Date _____

Cell Phone _____

Work Phone _____

Home Phone _____

Emergency contact if parent is unavailable _____

Phone _____

Family Physician _____

Phone _____

Health Insurance Provider _____

Policy# _____

Over →

Fill out completely

Medical Information Form

(Required for any student requiring medication or medical attention)

Student's Name: _____ Date of Birth: _____

Health Insurance Provider and Medical Plan # _____

Parent/Guardian's Name: _____ Contact Number(s): _____

Doctor's Name & Phone Number: _____

Emergency Contact Name & Phone Number: _____

List any ailments, disabilities or problems involving your child which may affect her/her participation.

Allergies (Food) _____ Allergies (Seasonal) _____

Asthma _____ Diabetes _____

Epilepsy _____ Other _____

Information sponsors should be aware of:

1. Unusual reactions or allergies to medication? _____

2. Special care needed while on activity? _____

3. Special instructions to medical personnel if emergency care is needed? _____

4. Significant health problems? _____

An employee trained to administer medication must accompany students needing prescribed medication during field study hours. All medications (prescription and over-the-counter) must have an Authorization to Assist in the Administration of Medication/Treatment form signed by both the parent/guardian and the physician ordering the medication, if not already on file in the school clinic. All medications must be received in the original container with the current Rx label including student's name, dosage, frequency of administration, physician's name and expiration date of the medication (the expiration date on the pharmacy label, not on the medication box, will be the expiration date). Over-the-counter medications must be in the original, unopened container. EXCEPTION: Students at the middle and high school level may carry a non-prescription, non-emergency medication on his/her person while in school with written permission from the parent/guardian. A copy of the signed permission form must accompany the stated medication at all times.

Name and purpose of medication: _____

How it will be given: _____ Time to be given: _____

Parent/Guardian's signature: _____

IN CASE OF EMERGENCY: I hereby request the physician/emergency team selected by the activity supervisor provide treatment for my child named above.

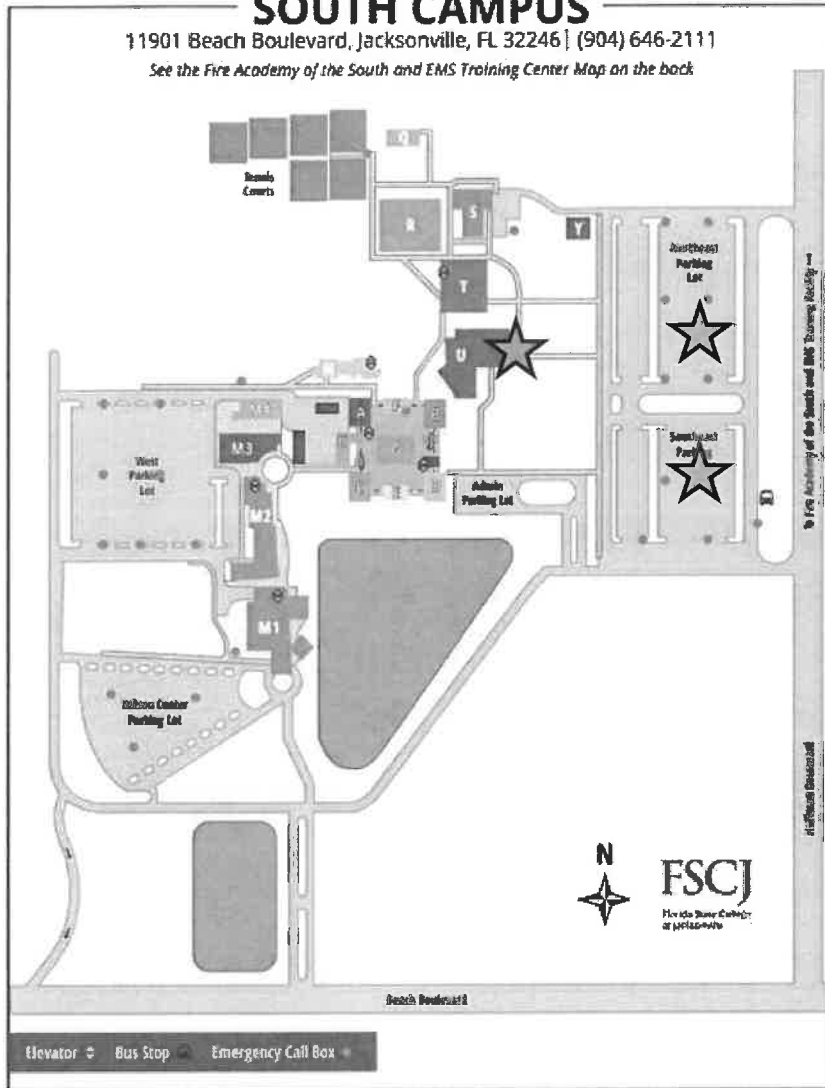
Parent/Guardian's signature: _____

Date: _____

SOUTH CAMPUS

11901 Beach Boulevard, Jacksonville, FL 32246 | (904) 646-2111

See the Fire Academy of the South and EMS Training Center Map on the back



BUILDING A

Duplicating Center, Receiving Department, Sciences Labs

BUILDING B

Adult Education, Bookstore, Classrooms, Labs

BUILDING C

Chemistry and Physics Labs, Faculty Offices, Math Department

BUILDING D

Biology Labs, Botany Labs, Campus Operations, Faculty Offices

BUILDING E

ASL, Computer Labs and Faculty Offices, Digital Media

BUILDING F

Faculty Offices, H.O.P.E. Food Pantry, Information Technology Department, Security Office

BUILDING G

Classrooms, Computer Labs, Faculty Resource Center, Library and Tutoring Services, Mothers' Lounge, Quiet Reflection Room

BUILDING H

Maintenance

BUILDING I

Elevator, Stairwell, Restrooms

BUILDING J

Elevator, Stairwell, Restrooms

BUILDING M1

Art Gallery, Conference Rooms, Nathan H. Wilson Center for the Arts

BUILDING M2

Classrooms, Computer Labs, Dance and Music Studios, Faculty Offices, Humanities and Fine Arts Department

BUILDING M3

Computer Labs, Faculty Offices, Visual Art Studios

BUILDING M4

Ceramics Studio and Stagecraft Lab

BUILDING N

Campus Voice, Classrooms, Dual Enrollment, Faculty Offices, Professional Studies/Public Safety Department, Science Department, Social and Behavioral Sciences Department

BUILDING Q

Fitness Center

BUILDING R

Athletics Offices, Classrooms, Dance Studio, Gymnasium

BUILDING S

Central Utility Building

BUILDING T

Classrooms, Communications Department, Faculty Offices

BUILDING U

Advising Center, Assessment and Certification, BlueWave Café, CareerSource, Military and Veterans Service Center, SGA Office, Student Engagement, Student Financial Services, Student Lounge

BUILDING Y

Child Development Center

★ Parking/Student drop off & pick up location options

★ Student arrival meeting location - Sidewalk leading up to building U