PINELLAS COUNTY SCHOOLS STUDENT ACTIVITY OR SCHOOL EVENT REVIEW FORM

Send completed form via pony mail, fax or email to:

Note: Principal must approve activity/event and sign form prior to submission.

Risk Management & Insurance Armand (Skip) Paquette Questions? P paquettea@pcsb.org Fax: 727-588-6182	hone: 727-588-6078		
Please complete this form in detail.			
Requestor's Name		Date Requested	
Title	Phone	E-mail	
School Name		Date Needed	
Request review of the following:			
Student Activity (field trip, club, etc.)	On School Grounds	If Off School Grounds, Where _	
Student Attendance at Event	On School Grounds	If Off School Grounds, Where _	
Student Interaction with Animal(s)	On School Grounds	If Off School Grounds, Where _	
Other	On School Grounds	If Off School Grounds, Where _	
To be Sponsored by (Check only one)	School PTA	Booster Club	
To your knowledge, has this occurred at a F	Pinellas County school in th	ne past? Yes No	
Who should we contact for further information	on?		
Describe the Activity, Event, etc. in detail	Name :		Phone Number
School Name	Signature of Principa	al	Date Signed
Risk Management Comments and/or Rec	ommendations:		
Risk Management Reviewer Signature		Date Signed	
Area Superintendent Approval Yes _	No		
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