



**Nina Harris Exceptional Student Education Center**

6000 70<sup>th</sup> Ave. N.

Pinellas Park, Fl 33781

727.547.7850

727.547.7800 (fax)

<https://www.pcsb.org/ninaharris>

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*Principal*  
*Ms. Jacqueline Cassidy*

*Assistant Principal*  
*Mr. Kent Vermeer*

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***Elementary/Secondary Swim Program Participation Permission Form***

I hereby \_\_\_\_\_ **GRANT** permission for my child to participate in the swim program to be held at Nina Harris ESE Center pool.

I hereby \_\_\_\_\_ **DO NOT GRANT** permission for my child to participate in the swim program to be held at Nina Harris ESE Center pool.

\_\_\_\_\_  
(Student's Name)

Insurance is provided as follows:

School Accident Insurance \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, please enter Student ID number \_\_\_\_\_

Family Medical Insurance \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, name of Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

I authorize the school representative to obtain medical treatment in the event of injury or illness; and I agree to assume all responsibility for medical expense in excess of any coverage provided by this insurance for injuries or sickness to the above-named student resulting from participation in this program.

Student's full name \_\_\_\_\_

Home Address \_\_\_\_\_

Telephone numbers \_\_\_\_\_ (Home) \_\_\_\_\_ (Work)

Name of school child attends: Nina Harris ESE Center

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)