

Incl. in Packet

* Athletics

School Name
THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Annual Field Trip Parent/Legal Guardian Authorization Form

High School – Magnet Program – Center

Student Name: _____ Telephone: _____

1. I authorize my student to utilize the following type(s) of transportation:

School Bus _____ Charter Bus _____ Rental Vehicle _____ Private Vehicle _____ Walk _____
-No motorcycles/scooters/mopeds permitted as transportation.
-Maximum capacity is one (1) person per seat belt.

2. I authorize my student to:

Ride with Staff _____ Ride with Another Student _____

3. I authorize my student to:

Drive Own Car _____ Drive Family Car _____
Drive car and carry passengers including fellow students _____
-No motorcycles/scooters/mopeds permitted as transportation.
-Maximum capacity is one (1) person per seat belt.

EMERGENCY CONTACT

In case of an emergency, I may be reached at:

Name: _____ Telephone: _____

In the event I cannot be reached, please contact:

Name: _____ Telephone: _____

HEALTH/ACCIDENT INSURANCE

My student is covered by twenty-four (24) hour student accident insurance or family insurance:

Insurance Company: _____

Policy Number: _____ /or I've attached a photo copy of my family insurance identification card.

_____ I do not have insurance, however, I will pay any and all medical bills for emergency care of my student.

FORM#4326
REV 8/16
OSQ 9853/RISK MGMT 9711

Signature of Parent or Guardian/Date