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pocket

\* parent permission

School Name  
THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Single 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 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.

- Field Trip Destination: \_\_\_\_\_
- Departure Date/Time: \_\_\_\_\_
- Return Date/Time: \_\_\_\_\_

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.

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REV 8/16  
OSQ 9853/RISK MGMT 9711

\_\_\_\_\_  
Signature of Parent or Guardian/Date