

Include
in front
of
Docket

* 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: _____ CELL 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.

FORM#4359
REV 8/16
OSQ 9853/RISK MGMT 9711

Signature of Parent or Guardian/Date