

School Name: _____

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Single Field Trip Parent/Legal Guardian Authorization Form

Elementary - Middle

Student Name: _____ Telephone: _____

I authorize my student to utilize the type of transportation identified below for this field trip:

School Bus _____ Charter Bus _____ Rental Vehicle _____

Private Vehicle _____ Walk _____

- Maximum capacity is one (1) person per seat belt.
- No motorcycles/scooters/mopeds permitted as transportation.

- Field Trip Destination: **Take Our Daughters and Sons to Work Day**
- Departure Date/Time: **Friday, February 1, 2019 – Full Day Field Trip**
- Return Date/Time: Student will return to regular school days on Monday, February 4, 2019

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.

School Year: **2018/19**

Signature of Parent or Guardian/Date