

**THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA  
CHARLES W. FLANAGAN HIGH SCHOOL  
PARENT TEACHER FIELD TRIP AUTHORIZATION FORM**

**Note: There must be a completed permission form for each student who is attending the field trip**

Student Name: \_\_\_\_\_ Student #: \_\_\_\_\_ Grade: \_\_\_\_\_

Field Trip Purpose: **Senior Prom – C/o 2020**

Sponsoring Teacher (s): Monica Valencia

Destination/Place: Westin Beach Resort Fort Lauderdale, 321 N. Fort Lauderdale Beach Blvd, Ft. Lauderdale

Departure Date: May 16, 2020 Saturday Time: 7:00 PM Return Date: May 16, 2020 Saturday Time: 11:00 PM

Authorized mode of transportation: Students provide their own transportation to and from venue.

**I authorize my child to utilize the type of transportation identified above for this field trip.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_ Best Contact Number: \_\_\_\_\_

**EMERGENCY CONTACT**

In case of emergency, I can be reached at phone number(s): \_\_\_\_\_

In the event I cannot be reached, please contact:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**HEALTH/ACCIDENT INSURANCE**

My child is covered by 24-hour student accident insurance or family insurance:

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

**NOTE: "AT SCHOOL" Student Accident Insurance WILL NOT cover overnight field trips under any circumstances.**

\_\_\_\_\_ I do not have insurance; however, I will pay any and all medical bills for emergency care for my child.

\_\_\_\_\_ Any pre-existing medical problems, please list: \_\_\_\_\_

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

Period/Subject	Print Teacher Name	Signature	Period/Subject	Print Teacher Name	Signature
1 <sup>st</sup>	_____	_____	5 <sup>th</sup>	_____	_____
2 <sup>nd</sup>	_____	_____	6 <sup>th</sup>	_____	_____
3 <sup>rd</sup>	_____	_____	7 <sup>th</sup>	_____	_____
4 <sup>th</sup>	_____	_____	8 <sup>th</sup>	_____	_____

**Obligation Check:** Students must clear all obligations. \_\_\_\_\_ (Bookkeeper signature)

**G.P.A. Check:** Students must verify GPA with Guidance. G.P.A. \_\_\_\_\_

(Guidance Signature)

**Administrative:** Students must obtain signature from their Administrator. \_\_\_\_\_

(Administrative Signature)

**SCHOOL ACTIVITY GENERAL RULES**

All school sponsored activities, whether they are on or off campus (including Field Trips) are subject to the School Board of Broward County's Student Conduct and Discipline Code. Adherence to all school board policies is expected. Any behavior that would constitute an infraction of these rules, or be grounds for arrest (based upon current Florida statutes) may result in school discipline which can include, but not be limited to:

- A. External Suspension
- B. Expulsion
- C. Internal Suspension
- D. Ineligibility for future school sponsored activities, including, but not limited to: Homecoming Dance, Grad Night, Grad Bash, Graduation Exercises.
- E. Loss of extracurricular and personal privileges, including, but not limited to: participation in sports and/or cheerleading; participation in clubs and organizations; parking privileges; Exploratory Teaching (teaching assistant); OJT; and any off-campus representation of Flanagan High School and the School Board of Broward County.

**STUDENT AND PARENT ACKNOWLEDGEMENT**

I have read and discussed the code with my son/daughter and we understand the code and the punishment for infractions. We are in agreement with the regulations.

**Parent/Guardian Signature**

**Student Signature**

**PERMISSION FOR MEDICAL TREATMENT**

I, \_\_\_\_\_ being the parent/legal guardian of \_\_\_\_\_, hereby authorize any necessary medical treatment to include the administering of any medication, as prescribed by the doctor in attendance for this student while on this field trip.

In regard to the above mentioned student, I submit the following information:

Allergies to food, medications, etc (if none so state) \_\_\_\_\_

Special Medical Problems (If none, so state) \_\_\_\_\_

Is student on any continuing medication? If so, state and describe recommended dosage:

\_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_ Family Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_