

**Nova Middle School Authorization Field Trip Form**  
**6<sup>th</sup> / 7<sup>th</sup> / 8<sup>th</sup> Grade End of the Year Field Trip – Islands of Adventure**

I, the undersigned, hereby grant my son /daughter / ward \_\_\_\_\_

Name of student

Permission to travel on a Nova Middle School's trip to: \_\_\_\_\_

Islands of Adventure

Destination

Sponsored by: Nova Middle School

**Departure Time: 5:30am**

**Date:** Friday, June 3rd, 2022

**Return Time: 11:00pm**

**Cost:** \*\$185.00 \*

**Cash or money orders ONLY payable to Nova Middle School**

**Payments will be accepted during the following dates and locations:**

• **6<sup>th</sup> Grade Monday 4/4/22**

- 8:45am - 10:30am in the Media Center

**Cost of Trip Includes:**

• **7<sup>th</sup> Grade Wednesday 4/6/22**

- 8:45am - 9:20am in Room 3930
- 9:30am - 11:00am in the Cafeteria

- Admission to Park
- Bus Transportation
- \$15 meal voucher
- Trip T-shirt

• **8<sup>th</sup> Grade Thursday 4/7/22**

- 8:45am - 9:20am in Room 3930
- 9:30 - 11:00am in the Cafeteria

By my signature to this statement of permission, I hereby release and hold harmless the above named school and individual sponsor, including the teachers and principal, from all liability for mishap or injury to the student named herein from the time of departure to the time of return, and from any and all responsibility for the acts of such student during such trip. **I understand that there are limited seats available for this trip and will be given on a first come, first served basis.**

**Parent/Guardian Signature:** \_\_\_\_\_

**Parent Contact Number:** \_\_\_\_\_

**Student Contact Number:** \_\_\_\_\_

**Student Shirt Size (In adult sizes) :** \_\_\_\_\_

**\*\*Payment must be Cash or Money Order ONLY**

**\*\*The cost of this trip is non-refundable. Students may be removed from the trip based on behavior infractions, referrals, or any other reason administration deems appropriate.**

**\*\*Annual Pass Holders Cost: \$97. You must bring a copy of your valid annual pass at time of payment collection and bring the actual pass on the day of the trip. Confirm that your annual pass is not blocked out for Friday June 3<sup>rd</sup>, 2022.**

**\*\*Students should wear sneakers and must be in BCPS dress code.**

**EMERGENCY CONTACT**

In case of emergency, I may be reached at: \_\_\_\_\_ Telephone No. \_\_\_\_\_

In the event that I cannot be reached, please contact:  
Name of Establishment / Person: \_\_\_\_\_ Telephone No. \_\_\_\_\_

**HEALTH / ACCIDENT INSURANCE**

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

Insurance Company \_\_\_\_\_

Policy Number(s) \_\_\_\_\_ / or I have attached a photo copy of my insurance identification card.

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

X \_\_\_\_\_  
Signature of Parent / Guardian

**SCHOOL ACTIVITY GENERAL RULES**

THIS IS A SCHOOL SPONSORED ACTIVITY, THEREFORE, THE SCHOOL BOARD OF BROWARD COUNTY'S STUDENT CODE OF CONDUCT WILL BE IN EFFECT FOR THIS TRIP. ANY INFRACTION OF THESE RULES MAY RESULT IN SCHOOL DISCIPLINE WHICH CAN INCLUDE SUSPENSION AND OR EXPULSION.

- A. ABSOLUTELY NO ALCOHOLIC BEVERAGES.
- B. ABSOLUTELY NO DRUGS OR MOOD ALTERING SUBSTANCES.
- C. NO WEAPONS.
- D. NO EXPLOSIVE DEVICES, FIREWORKS, OR OTHER POTENTIALLY DANGEROUS SUBSTANCES.
- E. NO FIGHTING
- F. CHAPERONES ARE PROVIDED FOR YOUR PROTECTION AND TO ASSIST YOU. THEY ARE TO BE TREATED WITH RESPECT. ANY ABUSIVE ACTIONS OR WORDS DIRECTED AT THEM WILL BE DEALT WITH THROUGH THE SCHOOL ADMINISTRATION UPON RETURN.

ITEMS "A" THROUGH "E" ARE EXPLAINED FULLY IN THE CODE OF STUDENT CONDUCT BOOK. ADHERENCE TO ALL SCHOOL BOARD POLICIES IS EXPECTED AS WELL AS THOSE LISTED ABOVE.

**STUDENT AND PARENT ACKNOWLEDGEMENT**

**I HAVE READ AND DISCUSSED THE CODE WITH MY SON/DAUGHTER AND WE UNDERSTAND THE CODE AND THE PUNISHMENT FOR INFRATIONS. WE ARE IN AGREEMENT WITH THE REGULATIONS.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PERMISSION FOR MEDICAL TREATMENT**

I, the undersigned being the parent / legal guardian of \_\_\_\_\_ , hereby authorize any necessary medical treatment to include the administration of any medications prescribed by the doctor in attendance for this student while on a trip sponsored by the Nova Middle School. I also guarantee payment of any charges incurred during this medical treatment. I acknowledge that I have been advised that my son / daughter / ward should have "24 hour" insurance coverage (either through my own agent or the currently authorized student accident insurance); I further realize that "at school" Student Accident Insurance does not cover overnight school trips.

PARENT NAME(S): \_\_\_\_\_  
(Please print)

\_\_\_\_\_  
(Please print)

ADDRESS: \_\_\_\_\_  
(Street name & no.) (City) (Zip Code)

PHONE: \_\_\_\_\_  
(Home) (Business) (Emergency)

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

A. Allergies to food, medications, etc. ( If none, so state) \_\_\_\_\_

B. Special Medical problems (If none, so state) \_\_\_\_\_

C. Is the student on any continuing medication? (If so, state and describe recommended dosage)

D. Date of last Tetanus shot \_\_\_\_\_

E. Family Physician : \_\_\_\_\_  
(Name) (Telephone No.)

\_\_\_\_\_  
(Street Name & No.) (City)

F. Insurance Company \_\_\_\_\_