Coral Glades High School PROM 2019

	Coral Glades High School PROW 20	Receipt#
	CORAL GLADES HIGH SCHOOL NON-SENIOR S	
High	School Single Field Trip Parent/Legal Guardian Autl	horization Form
Student Name:	nt Name:Telephone:	
l am attending with:		
•		THIS COMPLETED PERMISSION SLIP IS DUE WITH PAYMENT.
Field Trip Destination:	Prom 2019/Bahia Mar Ft. Lauderdale	
 Departure Date/Time: 	Saturday, May 18, 2019, 7:00 p.m.	
Return Date/Time:	Saturday, May 18, 2019, 11:00 p.m.	
	EMERGENCY CONTACT	
In case of emergency, I may be read	ched at:	
Name:	Telephone:	
In the event that I cannot be reache	ed, please contact:	
Name:	Telephone:	
	HEALTH/ACCIDENT INSURANCE	
My student is covered by twenty-fo	our (24) hour student accident insurance or family in	surance:
Policy Number:	(or I've attached a copy of my fam	ily insurance identification card.)
I do not have insurance, how	ever, I will pay any and all medical bills for emergend	cy care of my student.
FORM #4359		
REV 8/16		
QSQ 9853/RISK MGMT 9711	ture of Parent or Guardian	/
Signa	ture of Parent or Guardian	Date
	vity, therefore, the School Board of Broward County's S may result in being asked to leave the event, or school	
NO alcoholic beverages, druNO weapons, NO fighting.	ugs or mood-altering substances.	
-	orks or other potentially dangerous substances.	
Chaperones are there for your contact the second of t	our protections and to help you. They should be trea	ated with respect.
	mal. Dresses should be long or cocktail-length. NO ver low backs. Tuxedos or dress pants with shirt and tie ar	
I understand that I may be asked	to leave the event if I do not adhere to these rul	les Student Signature/Date
		Student Signature/Date
Grade-Level Administrator's Signature	Date	•
GPA/OBLIGATIONS CHECK		
Attach	our GPA/Student Obligation Status found on Virtu	ial Counselor
(In order to participate, students are 2.0 GPA or higher and have ZERO fina	required to attach a printout from their Virtual Counse ancial obligations owed to the school. Should a student only if you have an obligation should the budgetkeeper s	elor Account showing that they have at least a need to pay for obligations, please see the

Budgetkeeper Signature:______Date Paid In Full:______