Coral Glades High School PROM 2019

Receipt#_____

NON-High School Student Guest

(21 YEARS OF AGE OR YOUNGER, DL Verification Attached)

High School Single Field Trip Authorization Form/THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Attendee's Name:_____Telephone:_____

I Am Attending With:

_____ _____ _____

Coral Glades Student Name (Printed) **Coral Glades Student Signature** **Date**

This event is a school sponsored activity, therefore, the School Board of Broward County's Student Code of Conduct and Discipline will be in effect. Any infraction of these rules may result in being asked to leave the event.

- NO alcoholic beverages, drugs or mood-altering substances.
- NO weapons, NO fighting.
- NO explosive devices, fireworks or other potentially dangerous substances.
- Chaperones are there for your protections and to help you. They should be treated with respect.
- NO very short or revealing dresses, including but not limited to: plunging necklines, or very low backs (dresses should be long or cocktail-length. No jeans, flip-flops, or sneakers. All shirts must have collars.

These items are explained fully in the student Code of Conduct booklet. Adherence to all School Board policies is expected.

I agree to adhere to these rules, as stated in the Broward Student Code of Conduct. I understand that I may be asked to leave the event if I do not adhere to these rules. I am twenty-one (21) years of age or younger. I have attached a copy of my driver's license for verification.

_____ _____

Non-Student Guest Signature **Date**

- Field Trip Destination:_____2019 Prom/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._____

THIS COMPLETED PERMISSION SLIP IS DUE WITH PAYMENT.

EMERGENCY CONTACT

In case of emergency, please contact: (please supply two contacts)

Name:_____Telephone:_____

Name:_____Telephone:_____

HEALTH/ACCIDENT INSURANCE

I am covered by twenty-four (24) hour student accident insurance or family insurance:

Insurance Company:_____

Policy Number: _____(or I've attached a copy of my insurance identification card.)

_____I do not have insurance, however, I will pay any and all medical bills for emergency care of myself.

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

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Non-Student Guest or Parent Signature **Date**