## WESTERN HIGH SCHOOL PERMISSION FORM

School Name
THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

## Single Field Trip Parent/Legal Guardian Authorization Form

High School - Magnet Program - Center

Student Name:	Telephone:
1. I authorize my student to u	tilize the following type of transportation:
School Bus Chart	er Bus Rental Vehicle Private Vehicle Walk
	oters/mopeds permitted as transportation.  On Site
	s one (1) person per seat belt.
•	
2. I authorize my student to:	Ride with Staff Ride with Another Student
3. I authorize my student to:	Drive Own Car Drive Family Car Parent Responsibility
Drive car and carry p	assengers including fellow students
-No motorcycles/scoo	oters/mopeds permitted as transportation.
-Maximum capacity i	s one (1) person per seat belt.
	on: Gradbash Universal, Orlando
<ul> <li>Field Trip Destination</li> </ul>	on: Bradoast aniversul, Driando
	11/00/02 - 11:00 000
<ul> <li>Departure Date/Tin</li> </ul>	1e: 4/28/23 - 11:00 am 4/29/23 - 6:00 am
	11/20112 - 1.000 am
<ul> <li>Return Date/Time:_</li> </ul>	4/6/65
_	EMERGENCY CONTACT
In case of an emergency, I m	ay be reached at:
	Telenhone:
Name:	red, please contact:
Nomas	Telephone:
gyanno.	*
	HEALTH/ACCIDENT INSURANCE
My student is covered by two	enty-four (24) hour student accident insurance or family insurance:
THE BEAGONE TO COLOR OF THE	
Insurance Comnany:	
Policy Number:	
I do not have insurance	e, however, I will pay any and all medical bills for emergency care of my
student.	
FORM#4359	,a t
REV 8/16	•
OSQ 9853/RISK MGMT 97	. ,
	Signature of Parent or Guardian/Date
<u>Medical Information</u>	Signature of ratem of Guardian/Date
Health concerns:	
• • • • • • • • • • • • • • • • • • • •	

Obligation Check	GPA Check (non-academic field trips)	
Students must clear all obligations.	Students must verify GPA with Counselor.	
(Obligation Clerk Signature)	(Guidance Counselor Signature)	

## **Teacher Notification:**

Class Period	Subject	Teacher Name	Teacher Signature
1			
2			
3			
4	, , ,		
5			
6			
7			
8			