

**CORAL SPRINGS HIGH SCHOOL  
THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA  
PARENT / TEACHER FIELD TRIP AUTHORIZATION**

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

Field Trip Purpose:

Sponsoring Teacher(s):

Destination/Place:

Departure Date: \_\_\_\_\_ Time: \_\_\_\_ : \_\_\_\_ am Return Time: \_\_\_\_ : \_\_\_\_ pm

Specific authorized mode of transportation:

**I authorize my child to utilize the type(s) of transportation identified below for this field trip with a**

**check-mark:** School Bus  Charter Bus  Rental vehicle  Walk  Ride with Staff

Ride with Student  Ride with other Adult  Drive own/family car

Drive own/family car and transport other students

**Private vehicles are subject to Administrator approval. Excluded vehicles include, but are not limited to: motorcycles, pick-up trucks, convertibles, over-sized passenger vans, vehicles with a roll-over warning. Vehicles must have a seat-belt for each rider.**

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

**EMERGENCY CONTACT**

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

In the event I cannot be reached, please contact:

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

**HEALTH/ACCIDENT INSURANCE**

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

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

**OR** I have attached a photocopy of my family insurance identification card.

**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.

\_\_\_\_\_ Are there any medical problems you wish for us to be aware of, please list:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parent/Guardian Signature**

**DATE**

**SCHOOL ACTIVITY GENERAL RULES**

The trip is a School Sponsored activity; therefore, the School Board of Broward County's Student Conduct and Discipline Code will be in effect for this trip. Any infraction of these rules may result in school discipline, which can include suspension and/or expulsion. **ADHERENCE TO ALL SCHOOL BOARD POLICIES IS REQUIRED.**

**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 agree with the regulations.

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

\_\_\_\_\_  
**Student Signature**

**PERMISSION FOR MEDICAL TREATMENT**

I, \_\_\_\_\_ being the parent/legal guardian of \_\_\_\_\_,  
hereby authorized 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. Regarding 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 recommend dosage:

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

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

\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE**

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