

**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

Period

5th _____

6th _____

7th _____

8th _____

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 are in agreement 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. In regard to 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