

Bus _____ (filled out by Mrs. Brice)

A.P. Marhefka Signature: _____

Online Payment Confirmation #: _____

Coral Springs High School



UNIVERSAL ORLANDO™

Please fill out completely and sign at the bottom. This form must be submitted after purchasing Grad Bash tickets.

All completed forms are to back to Mrs. Brice no later than **March 31st**.

My son/daughter _____

Last Name

First Name

Student Number

has my permission to travel to Islands of Adventure and Universal Studios in Orlando, Florida for Grad Bash 2020 on

Friday, April 17, 2020.

The cost is \$160 and includes Lunch, Transportation, Admission to the park and a dinner card.

GPA 2.0 Unweighted	Reading FSA Passed	Algebra EOC Passed	Credits for Graduation	Service Hours
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I understand the following:

- ü If my son/daughter incurs more than 5 excused or unexcused absences during third and fourth quarter, he/she may forfeit the privilege of attending this trip and all monies will be forfeited.
- ü If my son/daughter was suspended out of school during the school year or any referrals are accumulated during the second semester, he/she may forfeit the privilege of attending this trip and all monies will be forfeited.
- ü If my son/daughter is unable to attend Grad Bash, regardless of the reason, there will be no refund given. These tickets are nonrefundable and nontransferable. No exceptions.
- ü If my son/daughter violates any of the Broward County School Code of Conduct rules, the Coral Springs High School Grad Bash rules, or the law (i.e. shoplifting, drugs, alcohol, etc.) while attending this trip, he/she will not be returning on the bus, and I will have to pick up my child in Orlando.
- ü If my son/daughter arrives after the 2:00 a.m. deadline for returning to the bus, there **MAY BE A CHARGE FOR KEEPING ALL THE BUSES LATE.** In addition, the child/student and/or parent(s)/guardian(s) will be held responsible for any damages incurred to the bus.

Student Signature _____ Student Cell Phone Number: _____

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:

I, the undersigned, being the parent or legal guardian of the student named above, hereby authorize any necessary medical treatment. I also guarantee payment of all charges incurred for this treatment.

Insurance Company

Policy Number

(Please Print) Parent/Guardian Name

Parent/Guardian Cell Phone Number

Regarding the above-mentioned student, I submit the following information:

1. Allergies to food, medication, etc. (please list): _____
2. Is this student on continuing medication (this includes Birth Control)? If so, please state the medicine and dosage prescribed. PLEASE INDICATE IF IT IS NECESSARY TO TAKE SAID MEDICATION(S) WITH THE STUDENT.

3. Date of last Tetanus shot: _____

Family Physician:

(Please Print) Name Office Phone

Street Address City Zip Code

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____ / ____/2020