

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

MARJORY STONEMAN DOUGLAS HIGH SCHOOL

PARENT TEACHER FIELD TRIP AUTHORIZATION FORM

NOTES: THERE MUST BE A COMPLETED PERMISSION FORM FOR EACH BROWARD COUNTY SCHOOL STUDENT WHO IS ATTENDING

STUDENT NAME _____ STUDENT# _____ GRADE _____

FIELD TRIP PURPOSE **Take Your Child to Work Day**

SPONSORING TEACHER: _____

DESTINATION PLACE _____

DEPARTURE DATE **April 24, 2025** RETURN DATE **April 25, 2025**

PARENT/GUARDIAN SIGNATURE _____

DATE _____

PARENT/GUARDIAN PRINTED NAME _____

DATE _____

EMERGENCY CONTACT

IN CASE OF EMERGENCY, I CAN BE REACHED AT PHONE NUMBER (S): _____

IN THE EVENT I CANNOT BE REACHED, PLEASE CONTACT:

NAME: _____ PHONE NUMBER: _____

NAME: _____ PHONE NUMBER: _____

HEALTH/ACCIDENT INSURANCE

MY CHILD IS COVERED BY 24-HOUR STUDENT ACCIDENT INSURANCE OR FAMILY INSURANCE:

INSURANCE COMPANY: _____ POLICY #: _____

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

_____ ANY PRE-EXISTING MEDICAL PROBLEMS, PLEASE LIST: _____

Parent/guardian signature