

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 Grad Bash

SPONSORING TEACHER: Lauren Rubenstein and Danielle Driscoll

DESTINATION PLACE Universal Studios and Islands of Adventure

DEPARTURE DATE April 4, 2025 RETURN DATE April 5, 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

Period subject	print teacher name	signature
1 st	_____	_____
2 nd	_____	_____
3 rd	_____	_____
4 th	_____	_____
5 th	_____	_____
6 th	_____	_____
7 th	_____	_____
8 th	_____	_____

Obligation check: students must clear all obligations: _____

Bookkeeper signature

G.P.A CHECK: STUDENTS MUST VERIFY GPA WITH GUIDANCE. G.P.A _____

GUIDANCE SIGNATURE

ADMINISTRATIVE SIGNATURE