



THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

**Afterschool Extracurricular and Supplemental
Programs Parent/Legal Guardian Authorization Form**

**Required for participation in any and all afterschool clubs,
events, activities or supplemental programs**

Student Name: _____ Telephone: _____

Club/Activity/Event Name: NHS Tutoring After School

Description or nature of the club, activity or event:

NHS members tutor in all subjects

Date the club, activity or event will begin: 9/12/23

Date the club, activity or event will end: 4/30/23

Location of the club, activity or event: Room 423

Name(s) of club, activity or event sponsor(s): L. Hitchcock

Types of guests that may attend the club, activity or event: MSD students

Scheduled Days of the Week: (Circle all that apply)

Monday ☐ Tuesday ☒ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐

Scheduled Time: From 2:45 To 3:45
PM PM

I give my child permission to participate in the above named extracurricular activity or supplemental program during the dates and times listed above for the 2023-24 school year.

Name of Parent: _____ Telephone: _____

Signature of Parent: _____ Date: _____

Scheduled days of the week and times may vary throughout the school year. Club/activity sponsor will contact parents through pre-determined forms of communication to notify of any change in meeting time or day.

EMERGENCY CONTACT

Name: _____ Telephone: _____

Relationship to Student: _____

This form must be submitted and retained by the club, activity or event sponsor prior to student participation.