

# Student Field Trip Authorization

**\*\*DO NOT CUT OR TEAR PAPER – RETURN COMPLETE FORM \*\***

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Field trip destination: Sawgrass Elementary - Panther Prowl

Date: February 21, 2024

Departure time: 8:00 a.m.

Return: 10:00 a.m.

Other: \_\_\_\_\_.

Note: A student may be denied the privilege of participating in field trips, social and/or extra-curricular activities if he/she has been disruptive, violated the student code of conduct, or fails to conform with school rules and regulations.

I authorize my child to utilize the type of transportation identified below for this field trip:

( ) School Bus ( ) Charter Bus ( ) Private Vehicle ( ) Walk ( ) Ride with Staff

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_

## Important Notice

Please see attachments for additional information and forms.

**RETURN FORMS BY NO LATER  
THAN JANUARY 19, 2024**

\*\*\*\*\*Information to be taken of field trip\*\*\*\*\*

## Emergency Contact Information

Student Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

In case of an emergency, please contact the following person:

_____	_____	_____
Emergency Contact – print name	Relationship to student	Telephone #

In the event they cannot be reached, please contact:

_____	_____	_____
Additional Contact – print name	Relationship to student	Telephone #

## Health /Accident Insurance

In the event of an accident or illness every attempt will be made to reach the emergency contact. If necessary, 911 will be called. Insurance information is not required but is strongly recommended since **parents assume full financial responsibility for any charges incurred.** Check number 1 or 2 below.

1. \_\_\_\_ My child is covered by twenty-four (24) hour student accident insurance or family insurance (please attach a photo copy of family insurance identification card):

_____	_____
Insurance Company / ID #	Telephone #

2. \_\_\_\_ I do not have insurance. I understand I am responsible for all medical bills for emergency care of my child.

**\*\* DO NOT CUT OR TEAR PAPER – RETURN COMPLETE FORM \*\***