

# South Plantation High School

## Annual Field Trip/ Transportation

Student's name

Student's Cell Number

Types of Transportation: School bus, charter bus, private vehicle, walk, ride with another student, and drive self.

I authorize my student to

Drive own car	yes	no
Drive family car	yes	no
Ride with another student	yes	no
Ride with staff	yes	no

Maximum capacity is one person per seat belt. No motorcycles/scooters/mopeds permitted as transportation.

### Emergency Contact Information

In case of an emergency I may be reached at:

\_\_\_\_\_

In the event I cannot be reached please call at # \_\_\_\_\_

My child is covered by 24 four student accident insurance or family insurance. Insurance

Company

Policy# \_\_\_\_\_

\_\_\_\_\_ I do not have insurance; however, I will pay any and all medical bills for emergency care of my child.

I authorize my student to participate in all of the school sponsored field trips and athletic events for this school year.

Print Name

Signature of Parent or Guardian

Date