



THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Silver Trail Middle School - Principal Dr. Leo Nesmith
18300 Sheridan Street, Pembroke Pines FL 33331 - 754/323-4300

STUDENT PERMISSION SLIP

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

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Sponsor: \_\_\_\_\_
Student Cell phone #: \_\_\_\_\_ Students ID: \_\_\_\_\_

Field Trip Destination: Take Your Child to Work Day
Trip Date: April 25, 2024 Team: N/A
Departure time: 9:00 a.m.
Return time: 3:40 p.m.

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.

If the field trip is cancelled or postponed, parents will receive written notification from the school. Refunds will be contingent upon the school's contractual obligation with the approved field trip vendor. Students unable to attend the field trip due to personal circumstances may or may not receive a refund contingent upon the school's contractual obligations with the vendor.

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

Emergency Contact Information

In case of emergency, please contact the following person(s):

Emergency Contact - PRINT name Relationship to student Telephone number

In the event I cannot be reached, please contact:

Additional contact - PRINT name Relationship to student Telephone number

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 strongly recommended since parent assumes full financial responsibility for any charges incurred. Check number 1 or 2 below.

Does your child take medication, have allergies, or special health problems? If yes, please indicate:

1. My child is covered by twenty-four (24) hour student accident insurance or family insurance:
Insurance Company / ID # Telephone number

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

FORM must be SIGNED and returned latest : April 18, 2024

IMPORTANT - TEACHER: A COPY OF THIS FORM HAS TO BE TAKEN ON FIELD TRIP - ORIGINAL FORM MUST BE TURNED IN TO FIELD TRIP LIASON PRIOR TO THE TRIP