

Important GRADBASH Information

THERE WILL BE BRIEF MANDATORY MEETING FOR ALL ATTENDEES IN THE CAFETERIA ON THURSDAY, MARCH 31 AT 2:45

YOU WILL TURN IN YOUR PERMISSION SLIP AND SIGN UP FOR YOUR BUS AT THIS MEETING (YOU WILL NOT BE PERMITTED TO SIGN UP FOR A BUS UNLESS YOU HAVE TURNED IN A PERMISSION SLIP)

PLEASE SEE MRS. DRISCOLL IN ROOM 210 OR EMAIL HER AT DANIELLE.DRISCOLL@BROWARDSCHOOLS.COM WITH ANY QUESTIONS OR CONCERNS

- Seniors are expected to attend school for the full day prior to departure. Failure to attend all day will forfeit your ticket to GRADBASH and no refund will be given
- Seniors will all attend Periods 1 & 2 and take A lunch. Seniors will report directly to the Auditorium after A lunch by 11:32
- There will be no large bags, blankets or pillows allowed on the bus. Small purses or drawstring bags are the only bags allowed and can be NO LARGER than 8.5" x 5.5".
- Bring a sweater as the bus might be chilly.
- No food or drinks will be allowed on the bus. We will be stopping halfway to Orlando and you will be permitted 30 minutes to get off the bus to get food, drinks and/or use the restroom.
- Seniors are NOT allowed to wear attire with their school name or logo. All other SBBC dress code rules will be enforced for this trip.

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
MARJORY STONEMAN DOUGLAS HIGH SCHOOL
PARENT TEACHER FIELD TRIP AUTHORIZATION FORM

Note: There must be a completed permission form for each student who is attending the field trip

Student Name: _____ Student #: _____ Grade: 12

Field Trip Purpose: GradBash 2022 _____

Sponsoring Teacher (s): Driscoll _____

Destination/Place: Universal Studios/Islands of Adventures (Orlando, FL) _____

Departure Date: 4/8/2022 Time: 1:00 pm Return Date: 4/9/2022 Time: 6:00 am

Authorized mode of transportation: Academy Bus _____

I authorize my child to utilize the type of transportation identified above for this field trip.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____ Best Contact Number: _____

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

3rd _____

4th _____

SCHOOL ACTIVITY GENERAL RULES

All school sponsored activities, whether they are on or off campus (including Field Trips) are subject to the School Board of Broward County's Student Conduct and Discipline Code. Adherence to all school board policies is expected. Any behavior that would constitute an infraction of these rules, or be grounds for arrest (based upon current Florida statutes) may result in school discipline which can include, but not be limited to:

- A. External Suspension
- B. Expulsion
- C. Internal Suspension
- D. Ineligibility for future school sponsored activities, including, but not limited to: Homecoming Dance, Grad Bash, Graduation Exercises.
- E. Loss of extracurricular and personal privileges, including, but not limited to: participation in sports and/or cheerleading; participation in clubs and organizations; parking privileges; Exploratory Teaching (teaching assistant); and any off-campus representation of Stoneman Douglas High School and the School Board of Broward County.

STUDENT AND PARENT ACKNOWLEDGEMENT

I have read and discussed the code with my son/daughter and we understand the code and the punishment for infractions. We are in agreement with the regulations.

Parent/Guardian Signature

Student Signature

PERMISSION FOR MEDICAL TREATMENT

I, _____ being the parent/legal guardian of _____,

hereby authorize any necessary medical treatment to include the administering of any medication, as prescribed by the doctor in attendance for this student while on this field trip.

In regard to the above mentioned student, I submit the following information:

Allergies to food, medications, etc (if none so state) _____

Special Medical Problems (If none, so state) _____

Is student on any continuing medication? If so, state and describe recommended dosage:

Date of last tetanus shot: _____ Family Physician: _____

Address: _____ Phone Number: _____