

Glades Middle School  
**THE SCHOOL BOARD OF BROWARD COUNTY**  
Single Field Trip Authorization Form  
Order Number           N/A          

Student Name \_\_\_\_\_ Telephone \_\_\_\_\_

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

Field trip destination: **TAKE OUR DAUGHTERS AND SONS TO WORK DAY**  
Date: Thursday, April 24, 2025

HEALTH/ACCIDENT INSURANCE

(Must complete or permission slip will be returned)

My child is covered by twenty-four (24) hour student accident insurance or family insurance:

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

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

\*I am interested in chaperoning this trip and I am an approved volunteer.           N/A          

\_\_\_\_\_  
**Signature of Parent/Guardian**

PLEASE BE ADVISED THAT IF YOUR CHILD IS PROHIBITED FROM PARTICIPATING IN THIS FIELD TRIP DUE TO POOR BEHAVIOR, THE FEE IS **NON-REFUNDABLE** OR IF THE SCHOOL HAS ALREADY ISSUED A DEPOSIT OR FINAL PAYMENT CHECK TO THE COMPANY.

For Privacy reasons, duplicate authorization forms will be taken on the field trip for safety/emergency contacts and will be destroyed after the trip. Originals are kept on file at the school site.