



THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
Business Support Center

Field Trip Permission Slip

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

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

Field trip destination: \_\_\_\_\_

Trip date: \_\_\_\_\_ Grade/Club: \_\_\_\_\_

Mode of transportation: \_\_\_\_\_ Departure time: \_\_\_\_\_ Return time: \_\_\_\_\_

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: \_\_\_\_\_

Payment Information

Cost: \_\_\_\_\_ Payment deadline: \_\_\_\_\_ Payment can be made online at estore.browardschools.com

Payment details: \_\_\_\_\_ Online Order Number: \_\_\_\_\_

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

Emergency Contact Information

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

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

Emergency Contact - print name Relationship to student Telephone #

In the event I 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 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 #

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

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