
SCHOOL NAME

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Field Trip Authorization Form

Student Name _____ Telephone _____

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

1. School Bus _____ Charter Bus _____ Walk _____ Private Vehicle _____
Ride with another parent _____ Ride with staff _____

2. Field trip destination: _____
Departure date/time _____
Return date/time _____

* NOTE: Maximum capacity is one (1) person per seat belt.
No motorcycles/scooters/mopeds permitted as transportation.

EMERGENCY CONTACT

In case of emergency, I may be reached at: _____
Telephone _____

In the event I cannot be reached, please contact:
Name of Establishment/Person _____ Telephone _____

HEALTH/ACCIDENT INSURANCE

My child is covered by twenty-four (24) hour student accident insurance or family insurance:
Insurance Company _____
Policy Number(2) _____/or I've attached a photo copy of my family insurance identification card.

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

Signature of Parent/Guardian