

SCHOOL NAME _____

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Annual Field Trip Authorization Form
_____ School Year

High School/Magnet Programs

Student's Name _____ Telephone _____

Type of Transportation:

School Bus _____ Charter Bus _____ Private Vehicle _____ Walk _____

Ride with another student _____ Ride with staff _____

1. I authorize my student to:

Drive own Car _____ Drive family car _____

Ride with another student _____ Ride with staff _____

2. 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(s) _____/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.

I authorize my student to participate in all of the school sponsored field trips for the _____ school year.

Signature of Parent/Guardian