



SOUTH BROWARD HIGH SCHOOL  
FIELD TRIP AUTHORIZATION FORM



Student: \_\_\_\_\_

Destination: City of Dania Mik Parade

11/21/19 7:30am  
Departure (date and time)

11/21/19 12:00pm  
Return (date and Time)

0  
Number of school days

Organization sponsoring the trip: Bard

Sponsor Signature: [Signature]

The following rules and conditions apply to all field trips:

1. A student on a field trip is considered to be in school for the duration of the trip and of the rules and Responsibilities set forth in The School Board of Broward County's Student Code of Conduct book apply.
2. Assignments due on the day of the field trip are to be turned in prior to the student's departure unless Other arrangements have been made with the teacher (s) involved.
3. The sponsor, the student and the student's parent or guardian must have signed the Field Trip Permission form prior to obtaining teacher acknowledgment signatures.

I, the student listed on the form have read, understand, and agree to the above rules and conditions.

Student signature \_\_\_\_\_ Date: \_\_\_\_\_

We the parent/ legal guardian of the student listed above give him/her permission to participate in the field trip described above.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

TEACHER ACKNOWLEDGMENT

Teacher Signature

Teacher Concern (optional)

PERIOD

1.	[Signature]	[Signature]
2.	[Signature]	[Signature]
3.	[Signature]	[Signature]
4.	[Signature]	[Signature]
5.	[Signature]	[Signature]
6.	[Signature]	[Signature]
7.	[Signature]	[Signature]

**THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA**

**Annual Field Trip Authorization Form**

School Year 18-19

**Middle School/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 on (1) per seat belt.**

**No Motorcycles, scooters, mopeds permitted as transportation**

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**EMERGENCY CONTACT**

**IN CASE OF EMERGENCY, I MAY BE REACHED AT:** \_\_\_\_\_

**In the event I cannot be reached, please contact:**

Name of Establishment/Person \_\_\_\_\_ Telephone \_\_\_\_\_

**HEALTH/ACCIDENT INSURANCE**

**My child is covered by twenty-four hour student accident insurance of family insurance.**

Company Name \_\_\_\_\_

Policy Number(s) \_\_\_\_\_

\_\_\_\_\_ 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

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