
School Name _____

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Single Field Trip Parent/Legal Guardian Authorization Form

Elementary - Middle

Student Name: _____ Telephone: _____

I authorize my student to utilize the type of transportation identified below for this field trip:

School Bus _____ Charter Bus _____ Rental Vehicle _____ Private Vehicle _____ Walk _____
Ride with Staff _____

-Maximum capacity is one (1) person per seat belt.

-No motorcycles/scooters/mopeds permitted as transportation.

- Field Trip Destination: _____
- Departure Date/Time: _____
- Return Date/Time: _____

EMERGENCY CONTACT

In case of an emergency, I may be reached at:

Name: _____ Telephone: _____

In the event I cannot be reached, please contact:

Name: _____ Telephone: _____

HEALTH/ACCIDENT INSURANCE

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

Insurance Company: _____

Policy Number: _____ /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 student.

School Year: _____

Signature of Parent or Guardian/Date