
School Name

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

**Single Field Trip Parent/Legal Guardian Authorization Form
High School - Magnet Program - Center**

Student Name: _____ Telephone: _____

1. I authorize my student to utilize the following type of transportation:

School Bus _____ Charter Bus _____ Rental Vehicle _____ Private Vehicle _____ Walk _____

-No motorcycles/scooters/mopeds permitted as transportation.

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

2. I authorize my student to: Ride with Staff _____ Ride with Another Student _____

3. I authorize my student to: Drive Own Car _____ Drive Family Car _____

Drive car and carry passengers including fellow students _____

-No motorcycles/scooters/mopeds permitted as transportation.

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

• 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