

School Name

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Annual 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(s) 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.

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: 2023-2024

Signature of Parent or Guardian/Date