THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
MARJORY STONEMAN DOUGLAS HIGH SCHOOL
MULTIPLE FIELD TRIP AUTHORIZATION FORM

STUDENT NAME:_____ **STUDENT#**_____ **GRADE#**_____

FIELD TRIP PURPOSE: *Perform at the following Winter Guard Events*

- ***Jan 22 PREVIEW NIGHT,*** *Stoneman Douglas HS, Parkland, Fl*
- ***Jan 23 SFWGA PREMIERE NIGHT,*** *John I Leonard HS, Greenacres, Fl*
- ***Feb 6 SFWGA WEST BROWARD SHOW,*** *Pembroke Pines, FL*
- ***Mar 6 SFWGA FLANAGAN SHOW,*** *Pembroke Pines, FL*
- ***Apr 3 SFWGA CHAMPIONSHIPS,*** *UM WATSCO CENTER, MIAMI, FL*

METHOD OF TRANSPORTATION: ***ACTIVITY BUS*** **SPONSORING TEACHER:** ***MR. BROADBENT***

DESTINATION: ** see above* **DEPARTURE DATE:** ** see above* **RETURN DATE:** ** see above*

I AUTHORIZE MY CHILD TO UTILIZE THE TYPE OF TRANSPORTATION IDENTIFIED ABOVE FOR THIS FIELD TRIP

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

PARENT/GUARDIAN PRINTED NAME _____ **DATE** _____

EMERGENCY CONTACT

IN CASE OF EMERGENCY, I CAN BE REACHED AT PHONE NUMBER(S), _____
IN THE EVENT I CANNOT BE REACHED, PLEASE CONTACT

NAME:_____ **PHONE NUMBER:**_____

NAME:_____ **PHONE NUMBER:**_____

HEALTH/ACCIDENT INSURANCE

MY CHILD IS COVERED BY 24-HOUR STUDENT ACCIDENTINSURANCEOR FAMILY INSURANCE,

INSURANCE COMPANY:_____ **POLICY#** _____

NOTE: "AT SCHOOL" STUDENT ACCIDENT INSURANCE WILL NOT COVER OVERNIGHT FIELD TRIPS UNDER ANY CIRCUMSTANCES.

☐ I DO NOT HAVE INSURANCE, HOWEVER, I WILL PAY ANY AND ALL MEDICAL BILLS FOR EMERGENY CARE FOR MY CHILD

☐ ANY PRE-EXISTING MEDICAL PROBLEMS, PLEASE LIST:_____

_____

PARENT/GUARDIAN SIGNATURE

OBLIGATION CHECK: students must clear all obligations: _____
BOOKKEEPER SIGNATURE

GPA CHECK: STUDENTS MUST VERIFY GPA WITH GUIDANCE: **GPA**_____ _____ _____
GUIDANCE SIGNATURE *ADMIN SIGNATURE*