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 WGI ORLANDO REGIONAL, Orlando, FL*

METHOD OF TRANSPORTATION: *PARENT TRANSPORTATION* **SPONSORING TEACHER:** *MR. BROADBENT*

DESTINATION: *Orlando, FL* **DEPARTURE DATE:** *Mar 20 2027* **RETURN DATE:** *Mar 21 2027*

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

PERDIOD SUBJECT	PRINT TEACHER NAME	SIGNATURE
1st		
2nd		
3rd		
4th		
5th		
6th		
7th		
8th		

OBLIGATION CHECK: students must clear all obligations: _____

BOOKKEEPER SIGNATURE

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

GUIDANCE SIGNATURE *ADMIN SIGNATURE*