



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



STUDENT NAME: _____ STUDENT# _____ GRADE# _____

FIELD TRIP PURPOSE: Participate & Perform at the following events:

Jan 25th 2025 SFWGA Preimere Night @ Jupiter HS Jupiter, Fl
Feb. 8th 2025 SFWGA Contest @ West Broward HS Pembroke Pines, Fl
Feb. 22nd 2025 SFWGA Contest @ Stoneman Douglas HS Parkland, Fl
Mar. 8th 2025 SFWGA Contest @ Flanagan HS, Pembroke Pines, Fl

Jan 25th 2025 SFWGA Preimere Night @ Jupiter HS Jupiter, Fl
Feb. 8th 2025 SFWGA Contest @ West Broward HS Pembroke Pines, Fl
Feb. 22nd 2025 SFWGA Contest @ Stoneman Douglas HS Parkland, Fl
Mar. 8th 2025 SFWGA Contest @ Flanagan HS, Pembroke Pines, Fl

METHOD OF TRANSPORTATION: **ACTIVITY BUS / AIRLINE**

SPONSORING TEACHER: **BROADBENT**

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 ACCIDENT INSURANCE OR 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 EMERGENCY CARE FOR MY CHILD

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

PARENT/GUARDIAN SIGNATURE