



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



FIELD TRIP INFORMATION

STUDENT NAME \_\_\_\_\_ STUDENT # \_\_\_\_\_ GRADE # \_\_\_\_\_

GROUP PARTICIPATING WINDS.

PURPOSE OF FIELD TRIP Participate & perform in the following event.

METHOD OF TRANSPORTATION, Coach Bus.

SPONSORING TEACHER Mr. S. Rivero & R. Rivero.

EVENT INFO

**WGI ORLANDO REGIONAL**

Cypress Creek High School Orlando, FL  
FEBRUARY 26 2022

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