



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 23RD **PREVIEW NIGHT**, Stoneman Douglas HS, Parkland, FL

- FEB 28TH **SPIN**, Stoneman Douglas HS, Parkland, FL

JAN 24TH **SFWGA PREMIERE NIGHT**, John I. Leonard HS, Greenacres, FL

- MAR 7TH **SFWGA HIALEAH GARDENS SHOW**, Hialeah Gardens, FL

FEB 7TH **SFWGA WEST BROWARD SHOW**, Paembroke Pines, FL

- MAR 28TH **SFWGA STONEMAN SHOW**, Parkland, FL

FEB 21ST **SFWGA FLANAGAN SHOW**, Pembroke Pines, FL

- APR 4TH **SFWGA CHAMPIONSHIPS**, 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 ACCIDENT INSURANCE OR FAMILY INSURANCE,

INSURANCE COMPANY: _____ POLICY# _____

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

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

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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