



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



**STUDENT NAME:** \_\_\_\_\_ **STUDENT #** \_\_\_\_\_ **GRADE** \_\_\_\_\_

**FIELD TRIP PURPOSE:** \_\_\_\_\_

**METHOD OF TRANSPORTATION:** **COACH BUS-Classic**

**SPONSORING TEACHER:** **MR. BROADBENT**

**DESTINATION:** **WGI Stuart Regional, Stuart, Fl**

**DEPARTURE DATE:** **Mar. 14, 2026** **RETURN DATE:** **Mar. 15, 2026**

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**

PERIOD	SUBJECT	PRINT TEACHER NAME	SIGNATURE
1 <sup>st</sup>	_____	_____	_____
2 <sup>nd</sup>	_____	_____	_____
3 <sup>rd</sup>	_____	_____	_____
4 <sup>th</sup>	_____	_____	_____
5 <sup>th</sup>	_____	_____	_____
6 <sup>th</sup>	_____	_____	_____
7 <sup>th</sup>	_____	_____	_____
8 <sup>th</sup>	_____	_____	_____

**OBLIGATION CHECK:** students must clear all obligations: \_\_\_\_\_

*BOOKKEEPER SIGNATURE*

**GPA CHECK:** STUDENTS MUST VERIFY GPA WITH GUIDANCE: **GPA** \_\_\_\_\_

*GUIDANCE SIGNATURE*

*ADMIN SIGNATURE*