

**THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
CHARLES W. FLANAGAN HIGH SCHOOL
PARENT TEACHER FIELD TRIP AUTHORIZATION FORM**

Note: There must be a completed permission form for each student who is attending the field trip

Student Name: _____ Student #: _____ Grade: _____

Field Trip Purpose: To attend speech and debate tournaments in the tri-county area per approved Broward Debate Calendar
Attached hereto. _____

Sponsoring Teacher (s): Susan McGraw

Destination/Place: Tournament Host Schools within Dade, Broward, or Palm Beach County

Departure Date: September 1, 2017 Time: _____ Return Date: June 8, 2018 Time: _____

Authorized mode of transportation: Parent, Student, or Coach Drivers, or School or Charter Bus

I authorize my child to utilize the type of transportation identified above for this field trip.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____ Best Contact Number: _____

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 st	_____	_____	_____
2 nd	_____	_____	_____
3 rd	_____	_____	_____
4 th	_____	_____	_____
5 th	_____	_____	_____
6 th	_____	_____	_____
7 th	_____	_____	_____
8 th	_____	_____	_____

Obligation Check: Students must clear all obligations. _____

Bookkeeper Signature

G.P.A. Check: Students must verify GPA with Guidance. G.P.A. _____

Guidance Signature

Administrative: Students must obtain signature from their Administrator. _____

SCHOOL ACTIVITY GENERAL RULES

All school sponsored activities, whether they are on or off campus (including Field Trips) are subject to the School Board of Broward County’s Student Conduct and Discipline Code. Adherence to all school board policies is expected. Any behavior that would constitute an infraction of these rules, or be grounds for arrest (based upon current Florida statutes) may result in school discipline which can include, but not be limited to:

- A. External Suspension
- B. Expulsion
- C. Internal Suspension
- D. Ineligibility for future school sponsored activities, including, but not limited to: Homecoming Dance, Grad Night, Grad Bash, Graduation Exercises.
- E. Loss of extracurricular and personal privileges, including, but not limited to: participation in sports and/or cheerleading; participation in clubs and organizations; parking privileges; Exploratory Teaching (teaching assistant); OJT; and any off-campus representation of Flanagan High School and the School Board of Broward County.

STUDENT AND PARENT ACKNOWLEDGEMENT

I have read and discussed the code with my son/daughter and we understand the code and the punishment for infractions. We are in agreement with the regulations.

Parent/Guardian Signature

Student Signature

PERMISSION FOR MEDICAL TREATMENT

I, _____ being the parent/legal guardian of _____, hereby authorize any necessary medical treatment to include the administering of any medication, as prescribed by the doctor in attendance for this student while on this field trip.

In regard to the above mentioned student, I submit the following information:

Allergies to food, medications, etc (if none so state) _____

Special Medical Problems (If none, so state) _____

Is student on any continuing medication? If so, state and describe recommended dosage:

Date of last tetanus shot: _____ Family Physician: _____

Address: _____ Phone Number: _____

PARENT/GUARDIAN SIGNATURE – PLEASE SIGN IN FRONT OF NOTARY

State of Florida
County of Broward

_____ appeared before me this _____ day of _____, 20__

Notary Public

My Commission Expires