

# Sawgrass Springs Middle School

## The School Board of Broward County, Florida Single Field Trip Authorization Form

Student Name \_\_\_\_\_ Telephone \_\_\_\_\_

I authorize my child to utilize the type of transportation identified below for this field trip:

School Bus \_\_\_ Charter Bus XX Private Vehicle \_\_\_ Walk \_\_\_ Ride with staff \_\_\_

1. Maximum capacity is one (1) person per seat belt.  
No motorcycles / scooters / mopeds permitted as transportation.
2. Field Trip Destination Walt Disney World, Orlando, Florida  
Departure date / time May 15, 2004/ 4:30 a.m.  
Return date / time May 15, 2004/ 11:00 p.m.

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### Emergency Contact

In case of emergency, I may be reached at:

\_\_\_\_\_ Telephone \_\_\_\_\_

In the event I cannot be reached, please contact: (Name of establishment / person)

\_\_\_\_\_ Telephone \_\_\_\_\_

### Health / Accident Insurance

My child is covered by twenty-four (24) hour student accident insurance or family insurance:

Insurance company \_\_\_\_\_

Policy number \_\_\_\_\_

or \_\_\_\_\_ I have attached a photocopy of my family insurance identification card.

\_\_\_\_\_ I do not have insurance, however, I will pay any and all medical bills for my child.

\_\_\_\_\_  
Signature of Parent / Guardian