



J.P. TARAVELLA HIGH SCHOOL
PARENT/TEACHER
FIELD TRIP AUTHORIZATION FORM, Page 1
2017-2018



Student Name _____ Student # _____ Grade _____

Educational Purpose/Objective: **Students will perform at LeHigh High School Marching Band Competition and visit Busch Gardens.**

Group Sponsoring Trip: **Marching Band** Lead Chaperone: **Mr. Friedman, Mr. Ecklund**

FIELD TRIP INFORMATION

Event/Destination: **Lehigh High School (Ft. Myers) and Busch Gardens (Tampa)**
 Date of Trip: **10/14/17 (Saturday)** Time: **2:00pm** Return Date: **10/15/17 (Sunday)** Time: **10:00pm**
 Authorized Mode of Transportation: **Academy Coach**

*****Cost per Student: \$125. Please make checks payable to: "J.P. Taravella Band Patrons" and attach to this form. Forms will not be accepted without payment.**

[] Check here to use student account for payment.

BY SIGNING BELOW, I AUTHORIZE MY CHILD TO UTILIZE THE MODE OF TRANSPORTATION IDENTIFIED ABOVE FOR THIS FIELD TRIP.

Parent/Guardian (Signature): _____ **Date:** _____

EMERGENCY CONTACT

In case of emergency, I can be reached at phone number: _____

In the event I cannot be reached, please contact: _____ Phone# _____

HEALTH/ACCIDENT INSURANCE

My child is covered by 24-hour student accident insurance or family insurance:

Insurance Company: _____ Policy#: _____

OR, I have attached a photocopy of my family insurance identification cards. Yes _____ No _____

Known Medical Conditions: _____

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.

Parent/Guardian (Signature): _____ **Date:** _____

TEACHER SIGNATURE SECTION

Period Subject Teacher (Print Name) Teacher Signature

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