

**J.P. TARAVELLA HIGH SCHOOL**  
**PARENT/TEACHER**  
**FIELD TRIP AUTHORIZATION FORM, Page 1**  
**2020-2021**



Student Name \_\_\_\_\_ Student # \_\_\_\_\_ Grade \_\_\_\_\_

Educational Purpose/Objective: Football games for Bands

Group Sponsoring Trip: Band      Lead Chaperone: Jonathan Dor

**FIELD TRIP INFORMATION**

Event/Destination: Football Games

Date and Time of Trip: October 31st , November 6th , November 13th , November 20th

Cost per Student: \_\_\_\_\_ Will student miss lunch? \_\_\_\_\_

Authorized Mode of Transportation: Parent Transportation

**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: \_\_\_\_\_

reached, please contact: \_\_\_\_\_ Phone# \_\_\_\_\_

In the event I cannot be

**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 card.      Yes \_\_\_\_\_ No \_\_\_\_\_

Known Medical Conditions: \_\_\_\_\_

**NOTE: "AT SCHOOL" Student Accident Insurance WILL NOT cover overnight field trips under any circumstances.**

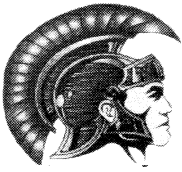
\_\_\_\_\_ I do not have insurance, however, I will pay any and all medical bills for emergency care for my child.

Parent/Guardian(Signature): \_\_\_\_\_

**TEACHER SIGNATURE SECTION**

Period                      Subject                      Teacher (Print Name)                      Teacher Signature

1			
2			
3			
4			
5			
6			
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8			



**J.P. TARAVELLA HIGH SCHOOL**  
**PARENT/TEACHER**  
**FIELD TRIP AUTHORIZATION FORM, Page 2**  
**2020-2021**



**SCHOOL ACTIVITY GENERAL RULES**

This trip is a School Sponsored activity; therefore, the School Board of Broward County's Student Conduct and Discipline Code will be in effect for this trip. Any infraction of these rules may result in school discipline which can include suspension and/or expulsion.

- A. Absolutely NO alcoholic Beverages, Drugs, or Mood-Altering Substances.
- B. Absolutely NO Weapons, Explosive Devices, Fireworks, or Other Potentially Dangerous Substances.
- C. No Fighting.

**Items A through C are explained fully in the Student Conduct and Discipline Code Book. Adherence to all School Board policies is expected.**

**Chaperones are there for your protection and to help you. They are to be treated with respect. Any abusive actions or words directed at them will be dealt with through the school administration upon return.**

**Students may be removed from participating in this field trip based on violations to the Student Code of Conduct. If the student is removed from this field trip due to this provision then the student is NOT entitled to a refund.**

**In the case that the field trip is canceled by the school (Club, Administration, District), then you may be entitled to a partial or full refund depending on the situation.**

**STUDENT AND PARENT ACKNOWLEDGEMENT**

I have read and discussed the student code of conduct with my son/daughter, and we understand the punishment.

**Parent/Guardian (Signature):** \_\_\_\_\_ **Signature of Student:** \_\_\_\_\_

**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, for this student while on this field trip. Regarding the above-mentioned student, I submit the following information:

Allergies to food, medications, etc. (if none, so state) \_\_\_\_\_

Special Medical Concerns (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):** \_\_\_\_\_