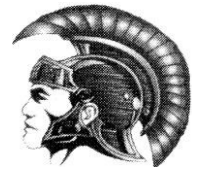


J.P. TARAVELLA HIGH SCHOOL
PARENT/TEACHER
FIELDTRIP AUTHORIZATION FORM, Page 1
2019-2020



Student Name _____ Student # _____ Grade _____

Educational Purpose/Objective: **Marching Band Competition**

Group Sponsoring Trip: **JPT Band** Lead Chaperone: **Elizabeth Jimenez**

FIELD TRIP INFORMATION

Event/Destination: **MPA/Coral Springs High School**

Date of Trip: **October 19, 2019** Time: **5 PM**

Cost per Student: **0** Will student miss lunch? **No**

Authorized Mode of Transportation: **School Bus**

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 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.

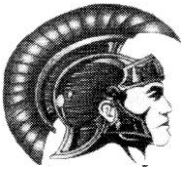
Parent/Guardian (Signature): _____

TEACHER SIGNATURE SECTION

Period	Subject	Teacher (PrintName)	Teacher Signature
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1			
2			
3			
4			
5			
6			
7			
8			

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



-J.P. TARAVELLA HIGH SCHOOL

~PARENT/TEACHER

FIELD TRIP AUTHORIZATION FORM, Page 2

2019-2020



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 _____ herby 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): _____

PARENT/GUARDIAN SIGNATURE - PLEASE SIGN IN FRONT OF NOTARY

State of Florida
County of Broward

_____ appeared before me this _____ day of _____ 20__

NOTORIZATION IS REQUIRED FOR ALL OVERNIGHT, OUT OF COUNTY, AND WATER RELATED FIELD TRIPS