THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

In-School Field Trip / Guest Speaker/Co-Curricular Event/Activity/ Supplemental Programs

This form is required for participation in all events, activities, or supplemental programs.

Student Name: _____ Telephone: _____

Club/Activity/Event Name: _____

Name(s) of club, activity, or event sponsor(s): _____

Description or nature of the club, activity, or event: _____

_____

_____

Date the club, activity or event will begin: _____

Date the club, activity or event will end: _____

Location of the club, activity, or event: _____

Scheduled Time: From _____ To _____

- I authorize my student to participate in the above-named co-curricular activity or supplemental program during the dates and times listed above.
- For events/activities listed on the attached forms that occur over multiple days, I have signed my initials next to each event I authorize my student's participation.
- Permission does not mandate participation.

Parent Name: _____ Telephone: _____

Signature of Parent: _____ Date: _____

EMERGENCY CONTACT

Name: _____ Telephone: _____

Relationship to Student: _____

This form must be submitted and retained by the club, activity, or event sponsor before student participation.