

**THE SCHOOL BOARD OF BROWARD COUNTY FLORIDA  
FALCON COVE MIDDLE SCHOOL – WESTON, FLORIDA  
AUTHORIZATION FOR ACADEMIC / CLUB SPONSORED FIELD TRIP**

I/WE, the undersigned, hereby grant \_\_\_\_\_ (Name) \_\_\_\_\_ (id #) permission to participate in a Falcon Cove Middle School sponsored trip to:

**Washington D.C., Baltimore and Philadelphia**

As a member of: 8th grade US History Department

Mode of Transportation: Private Charter Bus/Plane Cost: \$1,550.00  
 Depart Time: 5:00am Place: Falcon Cove Middle School Date: April 28, 2012  
 Return Time: 11:30 pm Place: Falcon Cove Middle School Date: May 3, 2012  
 Payment Deadline: \* See Payment and Cancellation Policy

\*\*\*\*\*

	TEACHER SIGNATURES	BEHAVIOR	COMMENTS (optional)
LA	_____	<input type="checkbox"/> S <input type="checkbox"/> U	_____
Math	_____	<input type="checkbox"/> S <input type="checkbox"/> U	_____
Reading	_____	<input type="checkbox"/> S <input type="checkbox"/> U	_____
Science	_____	<input type="checkbox"/> S <input type="checkbox"/> U	_____
Soc. Studies	_____	<input type="checkbox"/> S <input type="checkbox"/> U	_____
Elective	_____	<input type="checkbox"/> S <input type="checkbox"/> U	_____
Elective	_____	<input type="checkbox"/> S <input type="checkbox"/> U	_____
Media	_____	Administrator _____	_____

**EMERGENCY CONTACT INFORMATION**

Please provide your phone numbers: \_\_\_\_\_ (home) \_\_\_\_\_ (work)  
 Back-up contact: \_\_\_\_\_ (name) \_\_\_\_\_ (phone)

**HEALTH & INSURANCE INFORMATION**

Does your child take any form of medication, have any allergies, or have special health problems?  Yes  No  
 If yes, please indicate: \_\_\_\_\_

If your child is covered by 24-hour accident insurance\* or family insurance, please fill out the following:

Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

\*(Student accident insurance is available for purchase for all Broward County students at: [www.schoolinsuranceofflorida.com](http://www.schoolinsuranceofflorida.com))  
*Optional:* Attach a copy of the insurance identification card.

\_\_\_\_\_ I do not have insurance; however, I guarantee payment of any and all medical bills for the emergency care of this student.

**CRITERIA FOR FIELD TRIP PARTICIPATION**

In order for a student to attend a field trip, he/she must maintain satisfactory grades and must comply with the Falcon Cove Discipline Plan, demonstrating outstanding behavior during the timeline of the specified trip (from the date of the permission form being sent home through the day of the trip). *A student who receives any of the following will lose his/her privilege to attend the trip and will forfeit all monies paid toward the trip (\*see Payment and Cancellation Policy):* Two (2) referrals with an administrative consequence; Two (2) Saturday School detentions for off track behavior; One Alternative To Suspension or External Suspension

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **HISTORY TEACHER:** \_\_\_\_\_ **P#** \_\_\_\_\_

Sweatshirt/Shirt Size: XS S M L XL XXL (circle one)

**STUDENT INFORMATION SHEET**

I would like to reserve a spot for my child on the Falcon Cove Middle School trip to Washington D.C., Baltimore, and Philadelphia. This information will be used for airline ticket purchasing, emergency contact and trip updates. Please use proper names and **PRINT ALL INFORMATION CLEARLY.**

STUDENT'S NAME (First, Middle, Last)

D.O.B (MM/DD/YYYY)

PARENT NAME

HOME PHONE

CELL/WORK PHONE (Emergency #)

PARENT/ GUARDIAN E-MAIL ADDRESS

STUDENT E-MAIL ADDRESS

STUDENT ALLERGIES / MEDICAL CONDITIONS (\*Please write on back if needed)

STUDENT SPECIAL DIETARY NEEDS

**\*\* \* I HAVE READ THE PAYMENT AND CANCELLATION POLICY AND AGREE TO THE TERMS GIVEN.**

**\*\*\* IN CASE OF AN EMERGENCY, WHERE YOUR CHILD NEEDS TO BE SEPERATED FROM THE GROUP BECAUSE OF MEDICAL EMERGENCY, YOU WILL BE RESPONSIBLE FOR COST OF YOUR CHILD RETURNING TO THE GROUP OR HOME.**

\_\_\_\_\_ Please initial to confirm you understand the two statements above.

PARENT/GUARDIAN SIGNATURE

DATE

History Teacher: \_\_\_\_\_ P# \_\_\_\_\_