

FIELD TRIP AUTHORIZATION FORM

School Name:

Date:

Group Requesting Trip:

Student Grade Level(s):

FIELD TRIP INFORMATION

<p>CHECK ONE BOX BELOW</p> <p><input type="checkbox"/> Local (Tri-County)</p> <p><input type="checkbox"/> Out of County</p> <p><input type="checkbox"/> International</p>	<p>CHECK ONE BOX BELOW</p> <p><input type="checkbox"/> One Day</p> <p><input type="checkbox"/> Overnight</p> <p>No. School Days <input type="text"/></p>	<p>CHECK ONE BOX BELOW (Water-Related Activity)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name of Approved Vendor</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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TRIP ITINERARY

One Day Trip: (Complete This Section)

Event/Destination:

Destination City: State Country

Departure: Date Time A.M. P.M.

Departure Rest Stop Location:

Event/Destination Arrival Time: A.M. P.M.

Event/Destination Departure Time: A.M. P.M.

Return Rest Stop Location:

Back to School Arrival Time: Date Time A.M. P.M.

Overnight Trip: (Complete only the Detailed Itinerary Form)

EDUCATIONAL PURPOSE/OBJECTIVE

STUDENT/CHAPERONE INFORMATION

Certify that chaperones will have the proper security clearance (Jessica Lunsford Act)

of Male Students: # of Female Students: Total Students:

of Male Chaperones: # of Female Chaperones: Total Chaperones:

MODE OF TRANSPORTATION/METHOD OF TRAVEL

School Bus Chartered Bus (List Name)

Airplane (List Name) Train (List Name)

Rental Vehicle AVIS List name if other than AVIS

Private Vehicle Travel Agency List name of Travel Agency

Driver & Vehicle Integrity Check Parent Responsible for Travel (Complete Appendix Q)

SCHOOL APPROVAL

Faculty Supervisor (Print Name):

Principal's Approval (Print & Sign Name): Date

FINAL DISTRICT COMPLIANCE APPROVAL

<p>OFFICE OF SERVICE QUALITY REVIEW</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Not Approved</p> <p><input type="text"/> <input type="text"/></p> <p>Director, Service Quality Date</p>	<p>SUPERINTENDENT'S REVIEW (if required)</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Not Approved</p> <p><input type="text"/> <input type="text"/></p> <p>Superintendent Date</p>
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INITIAL FIELD TRIP COMPLIANCE FORM

(If Necessary)

School Name:

Date:

Group Requesting Trip:

Student Grade Level(s):

FIELD TRIP INFORMATION

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Event/Destination Arrival Time: A.M. P.M.

Event/Destination Departure Time: A.M. P.M.

Return Rest Stop Location:

Back to School Arrival Time: Date Time A.M. P.M.

Overnight Trip: (Complete this section and the Detailed Itinerary Form)

EDUCATIONAL PURPOSE/OBJECTIVE

TENTATIVE STUDENT/CHAPERONE INFORMATION

Certify that chaperones will have the proper security clearance (Jessica Lunsford Act)

of Male Students: # of Female Students: Total Students:

of Male Chaperones: # of Female Chaperones: Total Chaperones:

TENTATIVE MODE OF TRANSPORTATION/METHOD OF TRAVEL

School Bus Chartered Bus (List Name)

Airplane (List Name) Train (List Name)

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Event/Destination Arrival Time: A.M. P.M.

Event/Destination Departure Time: A.M. P.M.

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Back to School Arrival Time: Date Time A.M. P.M.

Overnight Trip: (Complete only the Detailed Itinerary Form)

EDUCATIONAL PURPOSE/OBJECTIVE

STUDENT/CHAPERONE INFORMATION

Certify that chaperones will have the proper security clearance (Jessica Lunsford Act)

# of Male Students: <input style="width: 30px;" type="text"/>	# of Female Students: <input style="width: 30px;" type="text"/>	Total Students: <input style="width: 30px;" type="text"/>
# of Male Chaperones: <input style="width: 30px;" type="text"/>	# of Female Chaperones: <input style="width: 30px;" type="text"/>	Total Chaperones: <input style="width: 30px;" type="text"/>

MODE OF TRANSPORTATION/METHOD OF TRAVEL

<input type="checkbox"/> School Bus	<input type="checkbox"/> Chartered Bus (List Name) <input style="width: 150px;" type="text"/>
<input type="checkbox"/> Airplane (List Name) <input style="width: 150px;" type="text"/>	<input type="checkbox"/> Train (List Name) <input style="width: 150px;" type="text"/>
<input type="checkbox"/> Rental Vehicle	<input type="checkbox"/> AVIS <input style="width: 150px;" type="text"/> List name if other than AVIS <input style="width: 150px;" type="text"/>
<input type="checkbox"/> Private Vehicle	<input type="checkbox"/> Travel Agency <input style="width: 150px;" type="text"/> List name of Travel Agency <input style="width: 150px;" type="text"/>
<input type="checkbox"/> Driver & Vehicle Integrity Check	<input type="checkbox"/> Parent Responsible for Travel (Complete Appendix Q)

SCHOOL APPROVAL

Faculty Supervisor (Print Name):

Principal's Approval (Print & Sign Name): Date

FINAL DISTRICT COMPLIANCE APPROVAL

<p>OFFICE OF SERVICE QUALITY REVIEW</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Not Approved</p> <p><input style="width: 100%;" type="text"/></p> <p>Director, Service Quality Date <input style="width: 50px;" type="text"/></p>	<p>SUPERINTENDENT'S REVIEW <i>(if required)</i></p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Not Approved</p> <p><input style="width: 100%;" type="text"/></p> <p>Superintendent Date <input style="width: 50px;" type="text"/></p>
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INITIAL FIELD TRIP COMPLIANCE FORM

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Back to School Arrival Time: Date Time A.M. P.M.

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EDUCATIONAL PURPOSE/OBJECTIVE

TENTATIVE STUDENT/CHAPERONE INFORMATION

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FIELD TRIP CONTINGENCY PLAN

School Name

Group Requesting Trip

Date(s) of Trip

 -

Event

City

State

1. Do you have a contingency plan if you cancel/postpone this field trip?

YES NO

2. Have you noted this plan on the permission form that the parent signs?

YES NO

3. In the event of an emergency:

A. Do you have medical information on each student readily available?

YES NO

B. Has chaperone cell phone contact information been shared among all chaperones?

YES NO

C. Is there a sufficient number of SBBC employees to accompany an injured student to a medical facility, as well as supervise the remainder of the student group?

YES NO

D. Does the Lead Chaperone have the School Principal's emergency contact information?

YES NO

4. In the letter home to the parents:

A. Do you specifically address the refund policy and stipulate the amount of the refund in the event of cancellation?

YES NO

B. Do you address the reasons the student may be taken off of the trip?

YES NO

C. If a student is removed from a trip, do you specifically address the refund policy and stipulate the amount of the refund?

ADULT VEHICLE AUTHORIZATION

School Name

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Adult Volunteer Driver Authorization Form

2014-2015 School Year

Driver's Name:

Address:

Phone: Cell Phone:

Please check the proper boxes:

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Holds a valid Florida Driver's License.

Has auto liability insurance in accordance with Florida law.

Florida Statute 324.021 requires **PROOF OF FINANCIAL RESPONSIBILITY** – That proof of ability to respond in damages for liability on account of accidents arising out of the use of a motor vehicle:

- a. In the amount of \$10,000 because of bodily injury to, or death of, one person in any one accident.
- b. Subject to such limits for one person, in the amount of \$20,000 because of bodily injury to, or of, two or more persons in any one accident.
- c. In the amount of \$10,000 because of injury to, or destruction of property of others in any one accident.

I hereby attest the statements made above are true and I volunteer as requested to drive students/ staff in my vehicle as my schedule permits.

NOTE: Maximum capacity is one (1) person per seat belt. No motorcycles, scooters, mopeds, or vans permitted as transportation.

Signature of Driver

STUDENT VEHICLE AUTHORIZATION

School Name

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

STUDENT VEHICLE AUTHORIZATION

(Single use form)

PARENT APPROVAL

Student's Name:

Address:

Phone:

Cell Phone:

Please check the proper boxes:

Yes No

Student has a valid Florida Driver's License law.

Student has auto liability insurance in accordance with Florida law.

Florida Statute 324.021 requires **PROOF OF FINANCIAL RESPONSIBILITY** – That proof of ability to respond in damages for liability on account of accidents arising out of the use of a motor vehicle:

a. In the amount of \$10,000 because of bodily injury to, or death of, one person in any one accident.

b. Subject to such limits for one person, in the amount of \$20,000 because of bodily injury to, or of, two or more persons in any one accident.

c. In the amount of \$10,000 because of injury to, or destruction of property of others in any one accident.

I hereby attest the statements made above are true and I authorize my student to utilize the type of transportation identified below for this field trip.

Drive own car Drive family car Drive car and carry passengers including fellow students

Field trip destination:

Departure date/time: A.M. P.M. Return date/time: A.M. P.M.
Date(s) of Trip Dates of Trip

NOTE: Maximum capacity is one (1) person per seat belt. No motorcycles, scooters, mopeds, or vans permitted as transportation.

Signature of Student Driver

Signature of Parent

NO ROLL-OVER WARNING VERIFICATION

School Name	Group Requesting Trip	Date(s) of Trip
Event	City	State

TO BE USED WHEN PRIVATE VEHICLES ARE BEING UTILIZED FOR YOUR TRIP

Name of Driver	Make of Car	Model	Year	Number of Seatbelts	No Roll Over Warning

My signature on this form certifies these vehicles have been checked by the principal or school administrator and no “roll-over warning” appears on or in between the visor. These vehicles have been checked and all are in compliance with the policies and procedures of the School Board of Broward County.

Principal's Signature (Roll Over Verification)

Reminder: Most regular passenger cars are acceptable with the exception of PT Cruisers and convertibles. Motorcycles, pick up trucks, mopeds and vehicles designed to transport more than 10 persons (i.e. full-size vans, shuttle buses, etc.) are not permitted. SUVs/Mini Vans are acceptable if they do not have a roll over warning label. The roll over warning label is normally displayed on or between the sun visors. Based on Florida State Statute, only 8 students may be transported in a vehicle. Students under 12 years of age should not be placed in the front seat of any vehicle, therefore, the front seat should not be counted when determining student capacity. Also, all passengers must have a seat belt.

**SWIM CENTRAL STUDENT/CHAPERONE FORM
WATER SAFETY EDUCATION PROGRAM SCHEDULE**

School Name:

Date: 08/19/16

Group Requesting Trip:

Destination: Event

City State

Session 1 Dates

Teacher	Depart Time	Swim Session	Arrive Time	Number of Boys	Number of Girls	Total Students	Chaperones
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Totals				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Session 2 Dates

Teacher	Depart Time	Swim Session	Arrive Time	Number of Boys	Number of Girls	Total Students	Chaperones
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Totals				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>