

**Pompano Beach Middle School  
Field Trip Permission Form To:**

**Islands of Adventure**

**Trip Coordinator:**

**Nathan.Berkowitz@browardschools.com**

**754-322-4200**

**Field Trip Date:**

**May 22, 2014**

**Bus Departs from Pompano Beach Middle School at:**

\_\_\_\_\_

**Bus Returns to Pompano Beach Middle School at:**

\_\_\_\_\_

**PERMISSION SLIP AND PAYMENT DUE:**

\_\_\_\_\_

**REFUND POLICY**

I understand the non-refundable nature of this trip from Pompano Beach Middle School. I understand I may take out Optional Cancellation Insurance through Flamingo Educational Tours by calling Assurance Solutions, Inc. at 1-502-762-9185 or by enrolling online at [www.Protectmytrip.net](http://www.Protectmytrip.net)

Yes, I understand Pompano Beach Middle School will not make refunds.

**EMERGENCY CONTACT**

**Parent's emergency contact phone number:**

\_\_\_\_\_

**In the event I cannot be reached, contact:**

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

**Phone Number:** \_\_\_\_\_

**My child has a cell phone.  No  Yes**

**Phone Number:** \_\_\_\_\_

**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.**

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

**MEDICAL & DIET INFORMATION**

My child does NOT have a unique medical concern.

My child has the following medical condition: \_\_\_\_\_

**Physician's Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

My child requests a vegetarian diet.

My child is allergic to: \_\_\_\_\_

**RISK ACKNOWLEDGEMENT AND PARENT PERMISSION**

- ✓ I understand my child’s participation in this trip is voluntary and have read the itinerary.
- ✓ I understand that there will be times on this trip when my child will NOT be in the direct supervision of a chaperone. I have spoken to my child about using his/her responsible judgment.
- ✓ I will not hold Pompano Beach Middle School responsible for personal property that is lost or broken.
- ✓ In the event of an emergency, I authorize and give permission for my child to receive first aid, emergency medical transport, medical treatment and all other care deemed reasonably necessary for my child’s well being and health.
- ✓ I understand the Broward School District rules and policies apply during this trip and further understand parents may be responsible to provide transportation to and from this destination, should the child’s misconduct require the child to be returned home or detained by legal authorities.

Printed name of parent/guardian: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**RISK ACKNOWLEDGEMENT AND STUDENT AGREEMENT**

While participating in this field trip, I will act responsibly, follow directions, and maintain good conduct and appearance. I will safeguard personal property. I further understand that all school rules and policies apply at all times during this field trip.

Student’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PAYMENT & PERMISSION SLIP SHOULD BE BROUGHT TO THE FRONT OFFICE BEFORE SCHOOL STARTS BETWEEN 9:00 AM AND 9:15 AM.**

Period	Progress	Teacher’s Signature
1	S U	
2	S U	
3	S U	
4	S U	
5	S U	
6	S U	
Media Center	No Outstanding Books or Obligations	

**S = Satisfactory**

**U = Unsatisfactory**