



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.***