

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

**Afterschool Extracurricular and Supplemental Programs Parent/Legal Guardian Authorization Form Required for participation in any and all afterschool clubs, events, activities or supplemental**

**programs**

Student Name: Telephone:

Club/Activity/Event Name: **Key Club** Description or nature of the club, activity or event:  
**Students will attend monthly meetings, the 2nd Thursday of the month starting at 3pm, not to exceed 4:30pm. Students will also participate in monthly activities to earn service hours. These activities will take place after school and may be held any day of the week. M- F activities will usually not exceed 4:30pm.**

Date the club, activity or event will begin: September 14, 2023

Date the club, activity or event will end: May 31, 2024

Location of the club, activity, or event: FLHS,Room 518

Name(s) of club, activity, or event sponsor(s): Dr. Morrison

Types of guests that may attend the club, activity, or event: American Cancer Society

Scheduled Days of the Week: (Circle all that apply)

Monday Tuesday Wednesday Thursday Friday Saturday Scheduled Time: From To

I give my child permission to participate in the above named extracurricular activity or supplemental program during the dates and times listed above for the 2023-24 school year.

Name of Parent: Telephone:

Signature of Parent: Date:

Scheduled days of the week and times may vary throughout the school year. Club/activity sponsor will contact parents through pre-determined forms of communication to notify of any change in meeting time or day.

EMERGENCY CONTACT

Name: Telephone:

Relationship to Student:

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