

BEACHSIDE MONTESSORI VILLAGE
2230 LINCOLN STREET, HOLLYWOOD, FL 33020
754-323-8050

SCHOOL BOARD OF BROWARD COUNTY
RELEASE OF LIABILITY/AUTHORIZATION FOR ATHLETIC ACTIVITY

Student Name Telephone

I authorize my child to utilize the type of transportation identified below for this field trip:

(X) School Bus (X) Charter Bus (X) Private Vehicle () Walk

1. Maximum Capacity is one person per seat belt.
2. Field Trip destination: _____
3. Departure date/time: SEE BELOW

EMERGENCY CONTACT INFORMATION

In case of emergency, I may be reached at:

Contact Name Location/Business Name Telephone

In the event I cannot be reached, please contact:

Contact Name Location/Business Name Telephone

HEALTH/ACCIDENT INSURANCE

My child is covered by twenty-four (24) hour student accident insurance or family insurance:

Insurance Company Policy Number

OR

I have attached a photocopy of my family insurance identification card.

OR

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

Teacher/Grade Signature of Parent/Guardian

**THIS FORM PERTAINS TO ALL OFF CAMPUS PRACTICES
& GAMES FOR THE 201- 2019 SPORTS SEASON.**