

The School Board of Broward County, Florida

Parental Authorization for Student Participation In: On the Job Training and/or Career and Technical Student Organization (CTSO) Activities and/or Summer Internships

School Name:	Program Name:
Teacher Name:	CTSO Name:
Student Name:	School Year:

Parental Information

Your son/daughter is enrolled in a Career and Technical Education program. Participation in the related career and technical student organization (CTSO) is an integral co-curricular part of the program of study. CTSO activities occur in and out of school and may take place outside of Broward County. The purpose of this parental authorization form is to obtain permission for your child to participate in CTSO activities, On- the-Job Training and/or Summer Internship. The form requires your permission for transportation and medical treatment and participation in activities conducted at sites that are not under school district control or management.

Please be advised that clinical experiences, on the job training, summer internships and some CTSO activities may be conducted at sites that are not under the control or management of the school district. Participating students may encounter persons during the program or at such sites who have not undergone background screening by the school district.

Please read the form carefully. Provide the required information and sign the form in the presence of a State of Florida Notary Public. By signing this form you are giving authorization for your child to travel using the prescribed mode of transportation, for emergency medical treatment in the event you cannot be reached and to participate in programs in activities conducted at sites that are not under school district control or management.

Subsequent to having this form on file, **duly authorized**, you will also be required to sign a school Field Trip Permission Form for each field trip before your son/daughter will be allowed to participate.

Transportation Permission

Please check all modes of transportation your child will be permitted to use.

- | | |
|--|--|
| <input type="checkbox"/> Drive car | <input type="checkbox"/> Ride in a car driven by an adult driver |
| <input type="checkbox"/> Drive car and carry student passengers | <input type="checkbox"/> Ride a bicycle |
| <input type="checkbox"/> Ride in a car driven by another student | <input type="checkbox"/> Ride in a boat/water taxi |
| <input type="checkbox"/> Ride in a chartered bus or other public transportation, including a taxi, bus, and/or airplane. | <input type="checkbox"/> Other (please identify) |

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Vehicle Insurance Information

(To be completed for students holding a valid driver's license)

Please provide the following information about the status of your child's driver's license and motor vehicle insurance covering the automobile driven by your son/daughter.

_____ My son/daughter holds a valid driver's license and drives a vehicle covered by insurance.

Liability Limits	Each Person	Each Accident
Bodily Injury		
Personal Injury Protection		
Property Damage		

_____ (Name of Insurance Company)

_____ (Policy Number)

Student/Parent Information

Name of Student _____

Home Address _____ \ City \ _____ \ ZIP \ _____

Home Phone _____ Date of Birth _____

Name of Parent/Guardian _____ Relationship _____

Address (if different from above) _____ \ City \ _____ \ ZIP \ _____

Home/Cell Phone _____ Work Phone _____

Name of Alternate or Emergency Contact _____ Relationship _____

Address (if different) _____ \ City \ _____ \ ZIP \ _____

Home/Cell Phone _____ Work Phone _____

Name of Family Physician _____

Street Address _____

City _____ ZIP _____ Phone _____

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Medical/Accident Insurance Information

I presently have medical insurance coverage on my son/daughter and provide the following information:

Name of Insurance Company:	Policy Number:
Group Number:	Expiration Date:

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

Medical Condition of Student _____ Excellent _____ Good _____ Fair _____ Poor

If applicable, please describe any medical condition that may recur and require treatment.

Is your son/daughter allergic to any medications? Yes No _____

If yes, please describe: _____

Is your son/daughter on any type of medication for a long-term medical condition? Yes No

If yes, please indicate the name of the medication. _____

Emergency Medical Authorization

Should a medical emergency arise while my son/daughter is on a school sponsored field trip, I will be notified in order to approve medical treatment. In the event that one of the contacts listed herein cannot be reached, I give permission for immediate treatment as required in the judgment of the attending physician.

Signature of Parent/Guardian

Date

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Parental Notarized Authorization

This Parental Authorization for Student Participation in On the Job Training, Summer Internship and/or Career and Technical Student Organization (CTSO) Activities Form will remain in effect for the entire _____ school year. If there are any changes to the information provided herein, I/we will maintain responsibility for issuing the school an updated duly authorized form.

I/we are aware that clinical experiences, on the job training, summer internships and some CTSO activities may be conducted at sites that are not under the control or management of the school district and that participating students may encounter persons during the program or at such sites who have not undergone background screening by the school district.

I/We, the undersigned, grant our son/daughter permission to participate in CTSO co-curricular activities, On-the-Job Training and/or Summer Internship during the school year. I understand that I will be advised in writing by the school, and approve in advance, specific field trips prior to my son's/daughter's participation.

Signature of Parent or Guardian

Print Name

Signature of Parent or Guardian

Print Name

**STATE OF FLORIDA
COUNTY OF _____**

Sworn to and subscribed before me this _____ day of _____, 20____.

NOTARY PUBLIC

My Commission Expires: _____

**This form is for information purposes only.
It is not a release of liability.**