Division of Athletics, Activities and Accreditation



MIAMI-DADE COUNTY PUBLIC SCHOOLS PARENT PERMISSION FORM -- FIELD TRIP

STATES

Field trips are not mandatory. They are designed to enhance curriculum, to encourage student participation in extra-curricular activities, and to serve as community service projects.

School Group Sponsor Name Name of School Group Destination The purpose of the trip is FAMAT_States TRANSPORTATION: Private Vehicle Bus	SCHOOL Doral Academy Preparatory Hig	SECTION I. IDENTIFYII h School		DATE		
Same Koski is planning a field trip for Doral Academy Math Club School Group Sponsor Name is planning a field trip for Doral Academy Math Club Name of School Group to Research Destination The purpose of the trip is FAMAT_States TRANSPORTATION: Private Vehicle Bus Alifine Other Name of Carrier Please Specify This trip will be chaperoned by Cost to each student \$ \$300 Understand that if I am unable to pay for the cost of this trip, and I want my child to participate, where appropriate, my child will be given an opportunity to raise funds through authorized fund-raising activities, or be given assistance in identifying another funding source. (This provision does not apply to activities not directly related to classroom instruction, e.g., Grad Bash, football games, banquets, etc.) DATE(S) OF TRIP :(Include departure/return time) FROM 4/7/2022 TO 4/10/2022 —The above time schedule and/or personnel may be changed due to unforeseen circumstances. — PLEASE KEEP THE TOP PORTION FOR YOUR INFORMATION. RETURN THE BOTTOM PORTION TO THE TEACHER. SECTION III, PARENT/GUARDIAN'S WRITTEN PERMISSION TO PARTICIPATE IN ACTIVITY I hereby give permission for my child (Child's Name) to participate in the field trip to Rosen Plaza Hotel, Orlando (Destination) DATE(S) OF TRIP :(Include departure/return time) FROM 4/7/2022 TO 4/10/2022 I have completed the EMERGENCY CONTACT INFORMATION in Section IV (see below). SIGNATURE OF PARENT/GUARDIAN DATE SECTION IV. EMERGENCY CONTACT INFORMATION 1. Name of parent/guardian — Telephone No. — Relationship — Telephone No. — Pickes it at any incurance policy covering your child — Policy No. — Telephone No. — Life Child base the following medical problem. — Policy No. — Telephone No. — Policy No. — P	STUDENT'S NAME			I.D. NO	GRADE/HR	
School Group Sponsor Name Name of School Group Destination The purpose of the trip is FAMAT_States TRANSPORTATION: Private Vehicle		SECTION II. NOTIFICA	TION TO PARENT			
This trip will be chaperoned by	Sam Koski is School Group Sponsor Name	planning a field trip for <u>Do</u>	ral Academy Math Name of School Grou	<u>ı Club</u> to <u>Rosei</u> p		
This trip will be chaperoned by	The purpose of the trip is <u>FAMAT States</u>					
I understand that if I am unable to pay for the cost of this trip, and I want my child to participate, where appropriate, my child will be given an opportunity to raise funds through authorized fund-raising activities, or or be given assistance in identifying another funding source, (This provision does not apply to activities not directly related to dassroom instruction, e.g., Grad Bash, football games, banquets, etc.) DATE(S) OF TRIP :(include departure/return time) FROM 4/7/2022	TRANSPORTATION: Private Vehicle	Bus √ Airline _	Name of Carrier	Other	Please Specify	
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SECTION IV. EMERGENCY CONTACT INFORMATION 1. Name of parent/guardian		_	 _			
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1. Name of parent/guardian	SIGNATURE OF PARENT/GUARDIAN			DATE		
2. Parent/Guardian Phone No(s). Home	SEC	TION IV. EMERGENCY C	ONTACT INFORMA	ATION		
3. In case parent/guardian cannot be reached, please contact:	Name of parent/guardian		<u> </u>			
4. Please list any insurance policy covering your child						
5. Physician's Name						
5. Only if applicable, complete the following: a. My child has the following medical problem: b. My child takes the following medications regularly: (Proper Medical form #2702 is on file at the school) c. My child has the following allergies: I AUTHORIZE MEDICAL TREATMENT FOR MY CHILD IN CASE OF ACCIDENT OR ILLNESS WHILE ON THE TRIP.						
b. My child takes the following medications regularly:	5. Physician's Name		Telephone No			
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PARENT/GUARDIAN SIGNATUREDATE	PARENT/GUARDIAN SIGNATURE			DATE		