

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

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	SECTION I. IDENTIFYI	NG INFORMATION			
STUDENT'S NAME					
	SECTION II. NOTIFICA				
is planning a field trip for to School Group Sponsor Name Name of School Group Destination					
School Group Sponsor Name		Name of School Grou	ip	Destination	
The purpose of the trip is					
TRANSPORTATION: Private Vehicle	Bus Airline		Other		
		Name of Carrier		Please Specify	
This trip will be chaperoned by(To	tal Number of Chaperones	;)	Cost to each stud	lent \$	
I understand that if I am unable to pay for the co- opportunity to raise funds through authorized fund- not apply to activities not directly related to classroom	raising activities, or be give	en assistance in ident	fying another fund		
DATES OF TRIP:(Include departure/return time)	FROM		TO		
The above time schedu	le and/or personnel may be	e changed due to unfo	reseen circumstan	ces	
PLEASE KEEP THE TOP PORTION FOR YOUR INFORMATION.					
				<u>-</u> -	
RETU	RN THE BOTTOM PORTION	ON TO THE TEACHE	R.		
SECTION III. PARENT/GU	ARDIAN'S WRITTEN F	PERMISSION TO P	ARTICIPATE IN	ACTIVITY	
I hereby give permission for my child Student I.D. No					
Thereby give permission for my child	(Child's Name)		ַ טווטטטוניז. ואט. ואט. ואט)	
to participate in the field trip to					
· · · · · · · · · · · · · · · · · · ·	(Destination)				
DATES OF TRIP:(Include departure/return time) FROM			TO		
I have completed the EMERGENCY CONTACT	INFORMATION in Sect	tion IV (see below).			
SIGNATURE OF PARENT/GUARDIAN			DATE		
SECTI	ON IV. EMERGENCY C	CONTACT INFORM	ATION		
Name of parent/guardian					
Parent/Guardian Phone No(s). Home			Cell		
3. In case parent/guardian cannot be reached, please conta	act:	Relationship		Telephone No	
Please list any insurance policy covering your child			Policy No		
5. Physician's Name		Telephone No.			
5. Only if applicable, complete the following: a. My child has the following medical problem:					
	(Proper Medical form #2702	is on file at the school)			
I AUTHORIZE MEDICAL TREAT	TMENT FOR MY CHILD IN CA	ASE OF ACCIDENT OR I	LNESS WHILE ON T	THE TRIP.	
PARENT/GUARDIAN SIGNATURE			DATE		