Division of Athletics, Activities and Accreditation



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.

SECTION II. NOTIFICATION TO PARENT Dr. YANES is planning a field trip for MUSIC STUDENTS Name of School Group Sponsor Name The purpose of the trip is PARICIPATE IN SENIOR GRADUATION TRANSPORTATION: Private Vehicle Bus Airline Name of Carrier Name of Carrier Please Specify This trip will be chaperoned by 3 Cost to each student \$.FREE (Total Number of Chaperones) Understand that if I am unable to pay for the cost of this trip, and I want my child to participate, my child will be given a opportunity to raise funds through unable to pay for the cost of this trip, and I want my child to participate, my child will be given a opportunity to raise funds through unable to pay for the cost of this trip, and I want my child to participate, where appropriate, my child will be given a opportunity to raise funds through unable to pay for the cost of this trip, and I want my child to participate, where appropriate, my child will be given a opportunity to raise funds through unable to pay for the cost of this trip, and I want my child to participate, where appropriate, my child will be given a opportunity to raise funds through unable to pay for the cost of this trip, and I want my child to participate funding source. (This provision does not apply to activities not directly related to classroom instruction, e.g., Grad Nite, football games, banquets.) DATES OF TRIP:(Include departure/return time) FROM 6/3/14 - 3:45pm TO ONE WAY ONLY I hereby give permission for my child (Child's Name) Coetination) DATES OF TRIP:(Include departure/return time) FROM 8/3/14 - 3:45pm TO ONE WAY ONLY I have completed the EMERGENCY CONTACT INFORMATION in Section IV (see below). SIGNATURE OF PARENT/GUARDIAN SECTION IV. EMERGENCY CONTACT INFORMATION 1. Name of parent/guardian Polity No. Telephone No. Polity No. Telephone No. Polity No. Telephone No. Polity No. Telephone No. A. Presse list any insurance policy covering your child Telephone No. A. Presse list any insurance policy covering your child Telephone No. A. Prese	SCHOOL DORAL ACADEMY PREP	SECTION I. IDENTIFYIN		6/3/14
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Dr. YANES School Group Sponsor Name Is planning a field trip for MUSIC STUDENTS Name of School Group Sponsor Name The purpose of the trip is PARICIPATE IN SENIOR GRADUATION TRANSPORTATION: Private Vehicle Bus ✓ Airline Name of Carrier Name of Carrier Name of Carrier Please Specify This trip will be chaperoned by 3 Cost to each student \$ FREE 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 a opportunity to raise funds through authorized fund-raising activities, or be given assistance in identifying another funding source. (This provision doen of apply to activities not directly related to classroom instruction, e.g., Grad Nite, football games, banquets.) DATES OF TRIP:(Include departura/return time) FROM 6/3/14 - 3:45pm —The above time schedule and/or personnel may be changed due to unforeseen circumstances. — PLEASE KEEP THE TOP PORTION FOR YOUR INFORMATION. RETURN THE BOITOM PORTION TO THE TEACHER SECTION III. PARENTIGUARDIAN'S WRITTEN PERMISSION TO PARTICIPATE IN ACTIVITY I hereby give permission for my child (Child's Name) to participate in the field trip to Dade County Auditorium (Destination) DATES OF TRIP:(Include departure/return time) FROM 6/3/14 - 3:45pm TO ONE WAY ONLY 1 have completed the EMERGENCY CONTACT INFORMATION in Section IV (see below). SIGNATURE OF PARENT/GUARDIAN Business Cellow Protect INFORMATION 1. Name of parent/guardian cannot be reached, please contact. Relationship Telephone No. 2. Perent/Guardian Phone No(a), Home Section No. 3. My child table the following medical problem: 4. Please list any issurance policy covering your child Policy of the fellowing medical problem: 5. Only if applicable, complete the following: 6. Only if applicable, complete the following: 6. Only if applicable, complete the following: 7. Authorize MEDICAL TREATMENT FOR MY CHILD IN CASE OF ACCIDENT OR ILLINESS WHILE ON THE TRIP.				
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This trip will be chaperoned by	TRANSPORTATION: Private Vehicle	Bus Airline _	Name of Opening	Other
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