



WATER RELATED FIELD TRIP PACKET

(All forms in this packet must be completed)

Date Requested: _____

School: _____

Principal: _____

Address: _____

Telephone: _____

Requesting Person: _____

Title: _____

No. of Students: _____ No. of Chaperones: _____

Dates of Field Trip: _____

NOTE: Requests must be submitted to the Department of Safety and the Office of Risk Management at least two weeks prior to the trip. The request should be submitted during the planning stage.

ACTIVITY (IES) PLANNED FOR THIS FIELD TRIP – PLEASE CHECK APPROPRIATE BOXES

IN WATER ACTIVITIES

- ☐ Recreational aquatic field trip
- ☐ Aquatic environment field trip
- ☐ Field trip to swimming pool

ON WATER ACTIVITIES

- ☐ Canoeing
- ☐ Kayaking
- ☐ Sailing

UNDERWATER ACTIVITIES

- ☐ Snorkeling
- ☐ Dive Boat
- ☐ SCUBA activities

Description of planned activities: _____

COMMERCIAL VESSELS

Name of Vessel: _____

Address: _____

Contact Person: _____

Title: _____

Telephone: _____

Cell: _____

REVIEWED AND APPROVED BY RISK MANAGEMENT

SIGNATURE

DATE OF FAX (APPROVED/DISAPPROVED TO SCHOOL SITE ADMINISTRATOR): _____



REGION USE ONLY
Stamp Date Received

WATER RELATED FIELD TRIP PERMISSION FORM

PRE-APPROVED BY: BOARD RULE ☐ 6Gx13- 6A-1.22

FHSAA ☐

PERMISSION IS REQUESTED TO PARTICIPATE IN A FIELD TRIP.

DATE _____

In-County ☐

Out-of-County ☐

Out-of-State ☐

Out-of-Country ☐

DESTINATION _____ ADDRESS _____

DATES OF TRIP: (Include departure/return time) FROM _____ TO _____

NAME OF SCHOOL GROUP (Band, Debate, etc.) _____

NAME OF SCHOOL GROUP SPONSOR _____ SPONSOR'S SIGNATURE _____

Number of Students in Group _____ Number of Students Participating in Trip _____

Cost to Each Student _____ Provision for Those Unable to Pay _____

Means of Funding Trip _____

Number of Teachers _____ Number of Parents _____ = Total Number Chaperones _____

PARENT PERMISSION SLIPS for participating students found in this packet must be on file in the Office of the Principal prior to the field trip.

PURPOSE FOR TRIP (Include objective, invitation and itinerary) _____

TRANSPORTATION:

*Private Vehicle (Name of Driver) _____

**Bus Company _____

Airline (Name of Carrier) _____

Other (Specify) _____

*Valid Driver's License verified? Yes _____ No _____ By Whom? _____
(Private Vehicle Only)

**Approved Private School Bus and Chartered Bus vendor verified by using the Department of Procurement Management website at http://procurement.dadeschools.net/field_trips.asp A printed copy reflecting vendor approval must be attached for review.

PRINCIPAL SIGNATURE _____ SCHOOL _____

REGION SUPERINTENDENT _____ DATE _____

(Return to school for submission to District/School Operations, Division of Athletics/Activities and Accreditation, if applicable)

- FORWARD ONE COPY OF THIS PAGE TO THE CAFETERIA MANAGER OF YOUR SCHOOL.
- FOR IN-COUNTY OR PRE-APPROVED TRIPS, FORWARD ONE COPY OF THIS PACKET TO THE REGION FOR REVIEW.
- FOR OUT-OF-COUNTY (NOT PRE-APPROVED), THIS PACKET MUST BE FORWARDED TO THE REGION FOR REVIEW AND APPROVAL.
- FOR OUT-OF-STATE (NOT PRE-APPROVED) AND OUT-OF-COUNTRY TRIPS, THIS PACKET MUST BE FORWARDED TO THE REGION AND THE DIVISION OF ATHLETICS/ACTIVITIES AND ACCREDITATION (MAIL CODE: 9723) FOR REVIEW AND SUBMISSION FOR BOARD APPROVAL.

FOR REGION AND/OR DISTRICT/SCHOOL OPERATIONS, DIVISION OF ATHLETICS/ACTIVITIES AND ACCREDITATION USE ONLY

Assistant Superintendent _____ Date _____

Deputy Superintendent _____ Date _____

APPROVED OUT-OF-COUNTY/OUT-OF-STATE TRIPS*
2010-2011

A. CLUBS AND ORGANIZATIONS AFFILIATED WITH NATIONAL ASSOCIATIONS**

1. American Automobile Association (AAA) School Safety Patrol
2. Business Professionals of America/Career Education Clubs of Florida (BPA/CECF)
3. Distributive Education Clubs of America (DECA), an Association for Marketing Students
4. Family, Career and Community Leaders of America (FCCLA)
5. Fine Arts: Alliance for Young Artists and Writers Scholastic Art Awards, Florida Art Education Association Conference, Florida Music Educators Association Conference, International Thespian Society, Music Educators National Conference, National Art Education Association, National Dance Education Organization, Southeastern Theatre Conference
6. Future Business Leaders of America-Phi Beta Lambda, Inc. (FBLA)
7. Future Educators of America (FEA)
8. Health Occupations Students of America (HOSA)
9. National Academy Foundation (NAF)
10. National Youth Crime Watch
11. SkillsUSA
12. Special Olympics
13. Southern Association of Student Councils (SASC)
14. Student Against Destructive Decisions (SADD)
15. Technology Student Association (TSA)
16. The National FFA Organization (FFA)
17. United States Department of Agriculture (USDA) Ambassadors

B. CURRICULUM/ACTIVITIES - RELATED ORGANIZATIONS**

1. Advanced academic/gifted student contests
2. Close-Up Program
3. Columbia Scholastic Press Association Convention, Columbia University
4. Junior Reserve Officers' Training Corps (JROTC)
5. Magnet Programs (Theme-based)
6. Music groups, visual art exhibitions, theatrical groups, dance troupes, speech and debate teams cheerleader competitions and festivals
7. Museums located in Broward and Monroe Counties
8. National High School Model United Nations (NHSMUN)
9. SeaCamp (Big Pine Key, FL); John Pennekamp State Park (Key Largo, FL)
10. State and national academic conferences, fairs, and competitions
11. State and national invitational forensic tournaments
12. The African Sisters School Project
13. The Read to Lead Program
14. Wanna Do City, (Sunrise, FL)
15. Yearbook Seminars
16. Zoological Centers and Nature Preserves located in Broward and Monroe Counties

C. GENERAL INTEREST ACTIVITIES

1. Busch Gardens
2. Cape Canaveral
3. Disney Animal Kingdom
4. Disney Grad Nite/Universal Studios Grad Bash (for high school seniors only)
5. Epcot Center
6. Events sanctioned by the Florida High School Athletic Association (FHSA)
7. Everglades National Park
8. Related performing and visual arts events (e.g., New York, NY; Los Angeles, CA) ***
9. Related historical environs and special events (e.g., Atlanta, GA; Boston, MA; Chicago, IL; New York, NY; Philadelphia, PA; Williamsburg and Jamestown, VA; Washington, DC; Eatonville, FL; St. Augustine, FL; Tallahassee, FL;) ***
10. Sea World

* Pre-approval does not indicate that funding is supplied.

** Trip designations for these events may change yearly. Trips outside of the United States require School Board approval. School sponsoring student travel outside the United States must complete the United States Government Travel Registration form on line.

*** Broward and Monroe County sites/events are included as part of this item.



MIAMI-DADE COUNTY PUBLIC SCHOOLS FIELD TRIP ROSTER

INSTRUCTIONS

List all eligible student participants. Those eligible students who are not participating in the field trip should be indicated by an asterisk (*).

NAME OF SCHOOL _____

NAME OF SCHOOL GROUP _____

DESTINATION _____

DATE(S) OF TRIP: FROM _____ TO _____

PRINCIPAL'S SIGNATURE _____ DATE _____

NAME OF STUDENT	ID #	GRADE	STUDENT ADDRESS	TELEPHONE NUMBER
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

NAME OF STUDENT	ID #	GRADE	STUDENT ADDRESS	TELEPHONE NUMBER
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				
29.				
30.				
31.				
32.				
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37.				
38.				
39.				
40.				



MIAMI-DADE COUNTY PUBLIC SCHOOLS

FIELD TRIP CHAPERONE LIST

INSTRUCTIONS

Chaperones must be 21 years of age or older. List below all persons who will serve as chaperones, including M-DCPS employees. Any person who is not employed at the school sponsoring this trip must have prior clearance from the M-DCPS School Volunteer Program at Level I or Level II as appropriate for the trip (list the volunteer number in the space provided).

NAME OF SCHOOL _____

NAME OF SCHOOL GROUP _____

DATE(S) OF TRIP: FROM _____ TO _____

DESTINATION _____

NAME	PHONE	VOLUNTEER NUMBER/ EMPLOYEE NUMBER	VOLUNTEER LEVEL
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

The sponsor's and principal's signatures below indicate that the volunteer information has been verified and that all volunteers listed are cleared at Level II for overnight field trips that involve hotel/overnight accommodations and at least Level I for all other field trips.

Sponsor's Signature _____ Date _____

Principal's Signature _____ Date _____

Region Superintendent's Signature _____ Date _____
(for overnight field trips that involve hotel/overnight accommodations)



MIAMI-DADE COUNTY PUBLIC SCHOOLS

PARENT PERMISSION FORM – WATER RELATED 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 I. IDENTIFYING INFORMATION

SCHOOL _____ DATE _____

STUDENT'S NAME _____ I.D. NO. _____ GRADE/HR _____

SECTION II. NOTIFICATION TO PARENT

_____ is planning a field trip for _____ to _____
School Group Sponsor Name Name of School Group Destination

The purpose of the trip is _____

TRANSPORTATION: Private Vehicle _____ Bus _____ Airline _____ Other _____
Name of Carrier Please Specify

This trip will be chaperoned by _____ Cost to each student \$ _____
(Total Number of Chaperones)

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 be given assistance in identifying another 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 _____ TO _____

--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 _____ to participate in the field trip to _____
(Child's Name) (Destination)

DATES OF TRIP: (Include departure/return time) FROM _____ TO _____

I have completed the EMERGENCY CONTACT INFORMATION in Section IV (see below).

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____



I HEREBY CERTIFY THAT MY CHILD IS A COMPETENT SWIMMER.

Parent Signature

Date

SECTION IV. EMERGENCY CONTACT INFORMATION

1. Name of parent/guardian _____
2. Parent/Guardian Phone No(s). Home _____ Business _____ Cell _____
3. In case parent/guardian cannot be reached, please contact: _____ Relationship _____ Telephone No. _____
4. 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: _____
 - 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.

PARENT/GUARDIAN SIGNATURE _____ DATE _____