



*All monies due by Tuesday, Jan. 12th

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 I. IDENTIFYING INFORMATION

SCHOOL Bridge Prep Academy of Village Green DATE 01/20/2016
STUDENT'S NAME I.D. NO. GRADE/HR

SECTION II. NOTIFICATION TO PARENT

Ms. Garcia is planning a field trip for 1st and 2nd grade to Miami Seaquarium
School Group Sponsor Name Name of School Group Destination
The purpose of the trip is to enhance science and social studies curriculum
TRANSPORTATION: Private Vehicle Bus Airline Other
This trip will be chaperoned by unlimited Cost to each student \$13.00 per student \$17.00 per chaperone

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.

DATES OF TRIP: (Include departure/return time) FROM 01/20/2016 TO 01/20/2016

--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) Student I.D. No.
to participate in the field trip to Miami Seaquarium (Destination)

DATES OF TRIP: (Include departure/return time) FROM 01/20/2016 TO 01/20/2016

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
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:
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