



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

SECTION I. IDENTIFYING INFORMATION

SCHOOL Coral Gables Senior High School DATE April 6, 2015

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

SECTION II. NOTIFICATION TO PARENT

Michelle Zaldivar is planning a field trip for CAF&DM to Renaissance Ballrooms
School Group Sponsor Name Name of School Group Destination

The purpose of the trip is End of the Year Banquet

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

This trip will be chaperoned by 8 Cost to each student \$ 25
(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 May 19, 2015 9:00 AM TO May 19, 2015 2:PM

--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 _____ Student I.D. No. _____
(Child's Name)

to participate in the field trip to Renaissance Ballrooms
(Destination)

DATES OF TRIP: (include departure/return time) FROM May 19, 2015 9:00 AM TO May 19, 2015 2:PM

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: _____

(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 _____