



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

Division of Athletics, Activities and Accreditation

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 Coral Gables High School SECTION I. IDENTIFYING INFORMATION DATE 10/16/2018

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

SECTION II. NOTIFICATION TO PARENT

Ayleen Monzon is planning a field trip for Freshman Class to Hollywood Studios
School Group Sponsor Name Name of School Group Destination

The purpose of the trip is Explore movie making and animation

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

This trip will be chaperoned by 6 Cost to each student \$ 111
(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.

DATE(S) OF TRIP FROM 01/17/2019 5:00 AM TO 01/17/2019 11:00 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.

to participate in the field trip to Hollywood Studios
(Destination)

DATE(S) OF TRIP FROM 01/17/2019 5:00 AM TO 01/17/2019 11:00 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:
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