



# FIELD TRIP REQUEST PACKET

(All forms in this packet must be completed)

PRE-APPROVED BY: BOARD POLICY 2340  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 \_\_\_\_\_

# of Teachers \_\_\_\_\_ # of Parents \_\_\_\_\_ = Total # Chaperones \_\_\_\_\_ Additional Personnel\* \_\_\_\_\_

(\*Paraprofessional Assistant, Nurse, Interpreter for the Deaf and Hard of Hearing, etc., are not to be counted as chaperones; however, they are responsible for supervising the student to which they are assigned.)

**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) \_\_\_\_\_

<b>TRANSPORTATION:</b>	*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 <a href="http://procurement.dadeschools.net/field_trips.asp">http://procurement.dadeschools.net/field_trips.asp</a> A printed copy reflecting vendor approval must be attached for review.

PRINCIPAL'S SIGNATURE \_\_\_\_\_ SCHOOL \_\_\_\_\_

REGION SUPERINTENDENT \_\_\_\_\_ DATE \_\_\_\_\_  
(Return to school for submission to 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.

SCHOOL OPERATIONS, DIVISION OF ATHLETICS/ACTIVITIES AND ACCREDITATION USE ONLY	
Assistant Superintendent _____	Date _____
Chief Operating Officer _____	Date _____

**APPROVED OUT-OF-COUNTY/OUT-OF-STATE TRIPS\***  
**2013-2014**

**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. Junior State of America (JSA)
10. National Academy Foundation (NAF)
11. National Forensic League, Florida, Forensic League, Catholic Forensic League
12. National Youth Crime Watch
13. SkillsUSA
14. Special Olympics
15. Southern Association of Student Councils (SASC)
16. Student African American Brotherhood (SAAB)
17. Student Against Destructive Decisions (SADD)
18. Technology Student Association (TSA)
19. The National FFA Organization (FFA)
20. United States Department of Agriculture (USDA) Ambassadors

**B. CURRICULUM/ACTIVITIES - RELATED ORGANIZATIONS\*\***

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

**C. GENERAL INTEREST ACTIVITIES**

1. Busch Gardens
2. Busch Gardens Grad Nite/Universal Studios Grad Bash (for high school seniors only)
3. Cape Canaveral
4. Disney Animal Kingdom
5. Epcot Center
6. Events sanctioned by the Florida High School Athletic Association (FHSAA)
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 Orleans, LA; New York, NY; Philadelphia, PA; Williamsburg and Jamestown, VA; Washington, DC; Eatonville, FL; St. Augustine, FL; Tallahassee, FL; Tampa, 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

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.				
33.				
34.				
35.				
36.				
37.				
38.				
39.				
40.				



# MIAMI-DADE COUNTY PUBLIC SCHOOLS

## FIELD TRIP CHAPERONE AND ACCESSIBILITY PERSONNEL LIST

Chaperones must be 21 years of age or older. List below all persons who will serve as chaperones, including M-DCPS employees. Also, please list accessibility personnel (Paraprofessional Assistant, Nurse, Interpreter for the Deaf and Hard of Hearing). 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 AND/OR EMPLOYEE#	VOLUNTEER LEVEL	PLEASE INDICATE WHETHER IT IS A CHAPERONE OR ACCESSIBILITY PERSONNEL*
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

\*(Paraprofessional Assistant, Nurse, Interpreter for the Deaf and Hard of Hearing, etc., are not to be counted as chaperones; however, they are responsible for supervising the student to which they are assigned.)

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 -- FIELD TRIP

### 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 \_\_\_\_\_ Student I.D. No. \_\_\_\_\_  
(Child's Name)

to participate in the field trip to \_\_\_\_\_  
(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 \_\_\_\_\_

### 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 \_\_\_\_\_

FOR SECONDARY SCHOOLS ONLY:

SECTION V. TEACHER NOTIFICATION OF ACTIVITY

Field Trip Destination \_\_\_\_\_ Dates of Trip: FROM \_\_\_\_\_ TO \_\_\_\_\_

Name of School Group \_\_\_\_\_ School Group Sponsor Name \_\_\_\_\_

PERIOD 1 \_\_\_\_\_

PERIOD 5 \_\_\_\_\_

PERIOD 2 \_\_\_\_\_

PERIOD 6 \_\_\_\_\_

PERIOD 3 \_\_\_\_\_

PERIOD 7 \_\_\_\_\_

PERIOD 4 \_\_\_\_\_

PERIOD 8 \_\_\_\_\_



# MIAMI-DADE COUNTY PUBLIC SCHOOLS FORMULARIO DE AUTORIZACION PARA PADRES - EXCURSIONES

### SECCION I. DATOS DE IDENTIFICACION

ESCUELA \_\_\_\_\_ FECHA \_\_\_\_\_

NOMBRE DEL (DE LA) ESTUDIANTE \_\_\_\_\_ NO. DE IDENTIFICACION \_\_\_\_\_ GRADO \_\_\_\_\_

### SECCION II. NOTIFICACION A LOS PADRES

\_\_\_\_\_ planea una excursión con \_\_\_\_\_ a \_\_\_\_\_  
(Nombre del(de la) patrocinador(a) (Nombre del Grupo) (Destino)

El propósito de la excursión es \_\_\_\_\_

TRANSPORTE: Vehículo Privado \_\_\_\_\_ ómnibus \_\_\_\_\_ Aerolínea \_\_\_\_\_ Otro \_\_\_\_\_  
(Nombre de la compañía) (Por favor, especifique)

Esta excursión será supervisada por \_\_\_\_\_ Costo por estudiante \$ \_\_\_\_\_  
(Numero de Chaperones)

Entiendo que si deseo que mi hijo(a) participe y no puedo pagar el costo de esta excursión, cuando sea posible, a mi hijo(a) se le dará la oportunidad de recaudar fondos mediante actividades de recolección de fondos o se le asistirá en la identificación de otras fuentes de recursos financieros (Esta medida no se aplica a las actividades que no se relacionen directamente con la instrucción que se realiza en las aulas, como por ejemplo, la noche de los graduados o "Grad Nite", los juegos de fútbol y los banquetes.)

FECHA: *(Incluir hora de salida y llegada)* DE \_\_\_\_\_ A \_\_\_\_\_

-- El horario o el personal pueden ser cambiados por circunstancias imprevistas --

PARA QUE SE MANTEGA INFORMADO(A) POR FAVOR CONSERVE LA PORCION SUPERIOR

POR FAVOR DEVUELVA LA PORCION INFERIOR A LA ESCUELA

### SECCION III. AUTORIZACION DE PADRES/TUTORES PARA QUE EL(LA) ESTUDIANTE PARTICIPE EN LA EXCURSION

Le doy la autorización para que mi hijo(a) \_\_\_\_\_ No. de Identificación \_\_\_\_\_  
Nombre del (de la) niño(a)

participe en la excursión a \_\_\_\_\_  
Destino

FECHA: *(Incluir hora de salida y llegada)* DE \_\_\_\_\_ A \_\_\_\_\_

He llenado los datos SOBRE A QUIEN LLAMAR EN CASO DE EMERGENCIA de la Sección IV (a continuación).

FIRMA DEL PADRE/DE LA MADRE O TUTOR(A) \_\_\_\_\_ FECHA \_\_\_\_\_

### SECCION IV. DATOS SOBRE A QUIEN LLAMAR EN CASO DE EMERGENCIA

1. Nombre del padre/de la madre o tutor(a) \_\_\_\_\_
2. No. de teléfono del padre/de la madre o tutor(a) Casa \_\_\_\_\_ Empleo \_\_\_\_\_ Celular \_\_\_\_\_
3. Si los padres o tutor(a) no pueden ser localizados, por favor comuníquense con \_\_\_\_\_ Relación \_\_\_\_\_ No. de teléfono \_\_\_\_\_
4. Póliza(s) de seguro que cubren a su hijo(a) \_\_\_\_\_ No. de Póliza(s) \_\_\_\_\_
5. Nombre del médico \_\_\_\_\_ No. de teléfono \_\_\_\_\_
5. Llene lo siguiente solamente si aplica a su hijo(a):
  - a. Mi hijo(a) tiene el siguiente problema médico: \_\_\_\_\_
  - b. Mi hijo(a) toma las siguientes medicinas con regularidad: \_\_\_\_\_  
(El correspondiente formulario medico 2702 está archivado en la escuela)
  - c. Mi hijo(a) tiene las siguientes alergias: \_\_\_\_\_

AUTORIZO A QUE SE DE TRATAMIENTO MEDICO A MI HIJO(A) EN CASO DE ACCIDENTE O ENFERMEDAD MIENTRA SE ENCUENTRE EN ESTE VIAJE

FIRMA DEL PADRE/DE LA MADRE O TUTOR(A) \_\_\_\_\_ FECHA \_\_\_\_\_





**MIAMI-DADE COUNTY PUBLIC SCHOOLS  
FÒM PÈMISYON - PWOMNAD**

**SEKSYON I. IDANTIFYE ENFÒMASYON**

LEKOL \_\_\_\_\_ DAT \_\_\_\_\_

NON ELÈV LA \_\_\_\_\_ NO. I.D. \_\_\_\_\_ NIVO ANE ESKOLÈ/ÈD TAN \_\_\_\_\_

**SEKSYON II. NOTIFIKASYON POU PARAN**

\_\_\_\_\_ iap planitye yon pwomnad pou \_\_\_\_\_ Pon \_\_\_\_\_  
Pwofesè/non pahvonè Gwoup/Sijè Destination

Bi pwomnad sa a se \_\_\_\_\_

TRANSPÒTASYON: Machin Prive \_\_\_\_\_ Bis \_\_\_\_\_ Avyon \_\_\_\_\_ Lòt \_\_\_\_\_  
Non Konpayi Espesifye

Pwomnad sa a ap gen siveyan A chapewon \_\_\_\_\_ L ap koute chak timoun \_\_\_\_\_  
(Pwofesè/Paran/Toude - endike konbyen)

Mwen konprann si m pa ka peye pou pwomnad sa a, e mwen vle pitit mwen patisipe, lè li apwopriye, n ap otri pitit mwen an opòtinite pou li kolekte lajan atravè aktivite pou kolekte ton lekòl la otorize, oubyen nan bay asistans nan idantifye lòt sous pou fon. (rezèvasyon sa a pap aplike pou aktivite ki pa dirèkteman relate ak enstriksyon klas, pa egzanzp, sware gradyasyon, jwèt foutbòl, bankè.)

Dat N ap Derape \_\_\_\_\_ Dat N ap Retounen \_\_\_\_\_

--Le ki make anwo a e/oubyen moun yo kab chanje akoz yon sikonstans enprevi--

SILVOUPLÈ KENBE POSYON ANWO A POU ENFÒMASYON.

RETOUNEN POSYON ANBA A BAY PWOFESÈ A.

**SEKSYON III. PÈMISYON PARAN/GADYEN A LEIKRI POU PATISIEPE NAN AKTIVITE**

Mwen bay pèrnisyon pou pitit mwen \_\_\_\_\_ No. I.D. \_\_\_\_\_  
(ATon Timoun nan)

patisipe nan pwomnad \_\_\_\_\_  
(Destination)

Dat N ap Derape \_\_\_\_\_ Dat N ap Retounen \_\_\_\_\_

Mwen ranpli ENFÒMASYON KONTAK IJANS la nan Seksyon IV (wè anba a).

SIYATI PARAN/GADYEN \_\_\_\_\_ DAT \_\_\_\_\_

**SEKSYON IV. ENFÒMASYON KONTAK IJANS**

1. Non paran/gadyen \_\_\_\_\_
2. No. Telefòn paran/Gadyen (yo) Kay: \_\_\_\_\_ Biznis \_\_\_\_\_ telefòn celulaire \_\_\_\_\_
3. An ka nou pa ka jwenn paran/gadyen an, silvouplè kontakte \_\_\_\_\_ Relasyon ak elèv la \_\_\_\_\_ No. Telefòn \_\_\_\_\_
4. Silvouplè site nenpòt asirans ki kouvri pitit on \_\_\_\_\_ No. Kontra \_\_\_\_\_
5. Non dokte li \_\_\_\_\_ No. Telefòn \_\_\_\_\_
5. Ranpli hy ki suiv yo, sèl yo aplikab:
  - a. Pitit mwen an gen pwoblèm medikal sa yo: \_\_\_\_\_
  - b. Pitit mwen an pran medikaman sa yo regilyèman: \_\_\_\_\_  
(Bonjan fòm medikal #FM-2702 nan dokiman lekòl la)
  - c. Pitit mwen an gen alèji sa yo: \_\_\_\_\_

M OTORIZE TRETMAN MEDIKAL POU PITIT MWEN AN KA AKSIDAN OUBYEN MALADI PANDAN LI NAN PWOMNAD LA.

SIYATI PARAN/GADYEN \_\_\_\_\_ DAT \_\_\_\_\_