

FIELD TRIP!

February 18, 2020

Hello Parents,

Our second field trip is scheduled for **Friday, March 6th**. We will be going to **Matheson Hammocks Park**, to enhance the Science curriculum. The cost of the field trip is **\$6.00**. The payment is due **NO LATER THAN FRIDAY, February 21st**. Please send cash or checks payable to Archimedean Academy. The price includes the bus ride for each student to the park.

If your child has a registered **EPI pen** with the school, you are **REQUIRED** to attend; otherwise your child cannot go on the field trip. Only two parents per classroom will be allowed to go on the field trip. If you are interested in participating, please fill out the bottom part (parent information) and return it inside the white Archimedean folder, together with the signed field trip form, and the payment.

If your child eats home lunch, you must pack it in a Ziploc bag with your child's name and section on it. If your child eats school lunch, it will be provided by the school for him/her.

Below please find the lunch form for your child. Please fill out the form and return it with the signed field trip form by February 21st. If you have any questions please do not hesitate to contact me via email at Dorlaine.quintana@archimedean.org.

Thank you for all your help and support on this matter.

Sincerely,

Kindergarten Team

Student Name _____ Section _____

Parent Name _____

Home lunch _____

School lunch _____ White Milk _____ or Chocolate Milk _____

_____ My child has an **EPI pen** registered at the school.

_____ I am interested in volunteering for this field trip.

(a lottery will be conducted to randomly select all volunteers)

**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 Archimedeian Academy DATE 2-18-20
STUDENT'S NAME _____ I.D. NO. _____ GRADE/HR _____

SECTION II. NOTIFICATION TO PARENT

Kindergarten is planning a field trip for Archimedeian Academy to Matheson Hammocks Park
School Group Sponsor Name Name of School Group Destination

The purpose of the trip is to enhance the Science curriculum

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

This trip will be chaperoned by Kindergarten Teachers Cost to each student \$ \$6.00 per person
(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 Bash, football games, banquets, etc.)

DATE(S) OF TRIP : (Include departure/return time) FROM 3-6-20 / 8:30 am TO 3-6-20 / 1:30 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 Matheson Hammocks Park
(Destination)

DATE(S) OF TRIP : (Include departure/return time) FROM 3-6-20 / 8:30 am TO 3-6-20 / 1:30 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 _____



Archimedean Schools

Conservatories of Mathematics & the Greek Language

Parent Notification/Consent Form Day Trip

Name _____ Class _____

Trip Coordinator: Ms. Quintana Trip Date: 3/06/20

Destination: Matheson Hammocks Park

Departure Site: Archimedean Academy Departure Time: 8:30 am

Return Site: Archimedean Academy Return Time: 1:30 pm

Mode of Transportation: Buses

Purpose of Trip: To enhance the Science Curriculum

Specific Instruction for Field Trip

Specific Clothing/Equipment Required for this Trip: Class shirt (white) + ID

This trip will include the following physical and sports activities: _____

I, the parent/guardian of the student named above, hereby give my permission for my child to take part in the school trip described above.

a) I consent to my child's participation in all activities except for the following:

b) Please indicate below *any permanent or temporary medical or other condition* including special dietary and medication needs, or the need for visual or auditory aids, which should be known about your child: _____

d) I agree that in the event of an emergency injury or illness, the staff member(s) in charge of the trip may act on my behalf and at my expense in obtaining medical treatment for my child.

e) I understand that my *child is expected to behave responsibly* and to follow the school's discipline code and policies.

f) I agree and understand that I am responsible for the actions of my child, and I release the school from all claims and liabilities that arise in connection with the trip, except if due to the negligence of school officials.

g) I understand that students who violate the school's discipline code may be excluded in the future by the school from participating in a trip.

h) In an emergency I can be reached at: Day: () _____ Evening: () _____

Additional Contact: Name _____ Day: () _____ Evening: () _____

I give my permission for my child to participate in this school trip. [] YES [] NO

(Signature of Parent/Guardian)

(Date)

STUDENT DECLARATION

I have read this form and I understand that I am to act on this trip in the same responsible manner in which I am expected to conduct myself in school.

(Student's Name)

(Date)