



# 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 Archimedean Academy DATE 1/22/24

STUDENT'S NAME \_\_\_\_\_ I.D. NO. \_\_\_\_\_ GRADE/HR 4th

### SECTION II. NOTIFICATION TO PARENT

Archimedean Academy 4th Grade Teachers is planning a field trip for Archimedean Academy 4th Grade Scholars to The Everglades: Shark Valley  
School Group Sponsor Name Name of School Group Destination

The purpose of the trip is to enhance the scholars' knowledge of the Everglades ecosystem and its importance to Southern Florida.

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

This trip will be chaperoned by 6 Archimedean Academy 4th Grade Teachers Cost to each student \$ \$11.00  
(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 2/21/24 4A, 4B, 1/2 of 4E TO 2/21/24 4A, 4B, 1/2 of 4E  
2/28/24: 4C, 4D, 1/2 of 4E 9AM TO 2/28/24: 4C, 4D, 1/2 of 4E 1PM

--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. N/A  
(Child's Name)

to participate in the field trip to The Everglades: Shark Valley  
(Destination)

DATE(S) OF TRIP : (Include departure/return time) FROM 2/21/24 4A, 4B, 1/2 of 4E TO 2/21/24 4A, 4B, 1/2 of 4E  
2/28/24: 4C, 4D, 1/2 of 4E 9AM TO 2/28/24: 4C, 4D, 1/2 of 4E 1PM

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 \_\_\_\_\_