



WATER RELATED FIELD TRIP PACKET

(All forms in this packet must be completed)

Date Requested: _____

School: _____

Principal: _____

Address: _____

Telephone: _____

Requesting Person: _____

Title: _____

No. of Students: _____ No. of Chaperones: _____

Dates of Field Trip: _____

NOTE: Requests must be submitted to the Department of Safety and Emergency Management and the Office of Risk Management at least two weeks prior to the trip. The request should be submitted during the planning stage.

Lead teacher has passed the Community Water Safety Training Yes ___ No ___

** If yes, attach certificate to the packet

ACTIVITY (IES) PLANNED FOR THIS FIELD TRIP – PLEASE CHECK APPROPRIATE BOXES

IN WATER ACTIVITIES

ON WATER ACTIVITIES

UNDERWATER ACTIVITIES

- Recreational aquatic field trip
- Aquatic environment field trip
- Field trip to swimming pool

- Canoeing
- Kayaking
- Sailing
- Dive Boat

- Snorkeling
- Scuba activities

Attached list of students who passed the Swim Test provided by the M-DCPS Learn to Swim staff

Description of planned activities: _____

COMMERCIAL VESSELS

Name of Vessel: _____

Address: _____

Contact Person: _____

Title: _____

Telephone: _____

Cell: _____

REVIEWED AND APPROVED BY THE OFFICE OF RISK MANAGEMENT

SIGNATURE

DATE OF FAX (APPROVED/DISAPPROVED TO SCHOOL SITE ADMINISTRATOR): _____



WATER RELATED FIELD TRIP PERMISSION FORM

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 _____

Number of Teachers _____ Number of Parents _____ = Total Number Chaperones _____

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) _____

| | |
|--|---|
| TRANSPORTATION: | *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 Services website at http://procurement.dadeschools.net/field_trips.asp A printed copy reflecting vendor approval must be attached for review. | |

PRINCIPAL 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 _____ |
| Deputy Superintendent/Chief Operating Officer _____ | Date _____ |

**APPROVED OUT-OF-COUNTY/OUT-OF-STATE TRIPS*
2016-2017**

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. The Junior Cadet Leadership Challenge (JCLC) Summer Camp for JROTC
8. Magnet Programs (Theme-based)
9. Music groups, visual art exhibitions, theatrical groups, dance troupes, speech and debate teams, cheerleader competitions and festivals
10. Museums, Zoological Centers and Nature Preserves
11. Odyssey of the Mind
12. National High School Model United Nations (NHSMUN)
13. SeaCamp (Big Pine Key, FL); John Pennekamp State Park (Key Largo, FL)
14. State and national academic conferences, fairs, competitions and tournaments
15. State and national invitational forensic tournaments
16. The African Sisters School Project
17. The Read to Lead Program
18. 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; Los Angeles, CA; Seattle, WA; Washington, DC; Eatonville, FL; St. Augustine, FL; Tallahassee, FL; Tampa, FL)
10. Sea World
11. Broward and Monroe County sites/events
12. Universal Studios/Islands of Adventure (EXCLUDING Halloween Horror Nights – September 16 – October 31, 2016)

* 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.



MIAMI-DADE COUNTY PUBLIC SCHOOLS FIELD TRIP ROSTER

INSTRUCTIONS

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. | | | | |
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| 16. | | | | |
| 17. | | | | |
| 18. | | | | |
| 19. | | | | |
| 20. | | | | |

| NAME OF STUDENT | ID # | GRADE | STUDENT ADDRESS | TELEPHONE NUMBER |
|-----------------|------|-------|-----------------|------------------|
| 21. | | | | |
| 22. | | | | |
| 23. | | | | |
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| 40. | | | | |



MIAMI-DADE COUNTY PUBLIC SCHOOLS

FIELD TRIP CHAPERONE LIST

INSTRUCTIONS

Chaperones must be 21 years of age or older. List below all persons who will serve as chaperones, including M-DCPS employees. 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 _____

DESTINATION _____

DATE(S) OF TRIP: FROM _____ TO _____

| NAME | GENDER | PHONE | VOLUNTEER NUMBER/ EMPLOYEE NUMBER | VOLUNTEER LEVEL |
|----------------------------|--------|-------|--------------------------------------|-----------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| Alternate Chaperone 9. | | | | |
| Alternate Chaperone 10. | | | | |

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 FORMULARIO DE AUTORIZACION PARA PADRES – EXCURSIONES CON ACTIVIDADES ACUATICAS

Las excursiones no son obligatorias. Las mismas son planificadas a fin de realizar el programa de estudios, alentar la participación de los estudiantes en actividades extracurriculares v servir como proyectos de servicios a la comunidad.

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 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 v 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) _____ participe en la excursión a _____
Nombre del (de la) niño(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 _____

YO CERTIFICO QUE MI HIJO(A) ES COMPETENTE EN EL AREA DE NATACION.
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. Llène 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 – KOTE KI GEN DLO

Pwomnad pa obligatwa. Yo fèt pou amelyore kourikouloum nan, pou ankouraje elèv yo patisipe nan ekstra aktivite akademik, e pou sèvi kòm pwojè.

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 _____ Lèt _____
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 _____ patisipe nan pwomnad _____
(ATon Timoun nan) (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 _____

NAN DOKIMAN SA A MWEN SÈTIFYE PITIT MWEN AN KONN NAJE.
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 _____