Clear Form

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 Energy Management and the Office of Risk Management at least three weeks (15 working days) 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

☐ **Attached list of students who passed the Swim Test administered by the M-DCPS Learn to Swim staff (refer to FM-7620)**

IN WATER ACTIVITIES

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

ON WATER ACTIVITIES

- ☐ Canoeing ☐ Paddle Board
- ☐ Kayaking ☐ Sailing
- ☐ Dive Boat

UNDERWATER ACTIVITIES

- ☐ Snorkeling
- ☐ Scuba activities

BISCAYNE NATURE CENTER FOR ENVIRONMENTAL EDUCATION

- ☐ Discovery Laboratory activity only
- ☐ Coastal Hammock Strand activity only
- ☐ Coastal Ecology activity only ☐ Dry ☐ Wet
- ☐ Mangrove Swamp activity only
- ☐ Sea Grass Meadow activity

NEAR WATER ACTIVITIES

- ☐ Beach clean up
- ☐ Docked vessel

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 (APPROVED/DISAPPROVED TO SCHOOL SITE ADMINISTRATOR): _____

REGION USE ONLY
Stamp Date Received

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_____

Check box if Title 1 Funds are being used ☐ (Refer to Title 1 Funds Handbook - http://ehandbooks.dadeschools.net/policies/135.pdf)

# 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.

Students participating in FHSAA, GMAC, and MSAP water sports such as swimming and water polo are NOT required to complete a Water Related Field Trip Packet (FM-6614) and/or meet the swim test requirement.

Check box if Field Trip is Water Related ☐ (Refer to Water Safety Manual for Requirements http://ehandbooks.dadeschools.net/policies/102.pdf)
MUST Complete FM-6614 if box is checked

PURPOSE FOR TRIP (Include objective, invitation and itinerary) _____

TRANSPORTATION: *Private Vehicle – **MUST Complete FM-6298** (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'S SIGNATURE _____ **SCHOOL** _____

REGION SUPERINTENDENT_____ **DATE** _____
(Return to school for submission to District Operations, Division of Athletics and Activities, 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 AND ACTIVITIES (MAIL CODE: 9723) FOR REVIEW AND SUBMISSION FOR BOARD APPROVAL.

DISTRICT 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*

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 Future Farmers of America Organization (FFA)
20. United States Department of Agriculture (USDA) Ambassadors
21. National Service-Based Organizations (e.g., National Honor Society, Interact, Leo Club, and Key Club International)
22. Parent Teacher Association/Parent Teacher Student Association (PTA/PTSA)

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. Junior Reserve Officers' Training Corps (JROTC)
6. The Junior Cadet Leadership Challenge (JCLC) Summer Camp for JROTC
7. Magnet Programs (Theme-based)
8. Performing Groups (e.g., music groups, visual art exhibitions, theatrical groups, dance troupes, speech and debate teams, and festivals)
9. Museums, Zoological Centers and Nature Preserves
10. Odyssey of the Mind
11. National High School Model United Nations (NHSMUN)
12. Sea Camp (Big Pine Key, FL); John Pennekamp State Park (Key Largo, FL) – Refer to Water Safety Manual for Requirements - http://ehandbooks.dadeschools.net/policies/102.pdf
13. State and national academic conferences, fairs, competitions, and tournaments (e.g., invitational forensic tournaments)
14. Yearbook Seminars

C. GENERAL INTEREST ACTIVITIES

1. Busch Gardens
2. Busch Gardens Grad Day/Universal Studios Grad Bash (for high school seniors only)
3. Universal Gradventure (for 8th graders only)
4. Cape Canaveral
5. Disney Animal Kingdom
6. Epcot Center
7. Events sanctioned by the Florida High School Athletic Association (FHSAA)
8. Everglades National Park
9. Related performing and visual arts events (e.g., New York, NY; Los Angeles, CA)
10. 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)
11. Sea World
12. Broward, Collier, Palm Beach, and Monroe County sites/events
13. Legoland (Winter Haven, FL)

* Pre-approval does not indicate that funding is supplied. The approval of out-of-county/out-of-state trips will be contingent on the advisement of local health departments and the condition of field trip locations. Schools must include the vendor's reimbursement policy in the field trip packet for parent/ guardian permission.

** Trip designations for these events may change yearly. Trips outside of the United States require School Board approval. Schools sponsoring student travel outside the United States must complete the United States Government Travel Registration form online. The approval of out-of-country trips will be contingent on the advisement of health departments and the condition of field trip locations. Schools must include the vendor's reimbursement policy in the field trip packet for parent/ guardian permission.

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.					

FM-6614 Rev. (08-24)

	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

INSTRUCTIONS

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). Refer to Field Trip Handbook for Adult/Student Ratio - http://ehandbooks.dadeschools.net/policies/131.pdf
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). Refer to School Volunteer Program Information link - https://www.engagemiamidade.net/community-school-volunteers

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.					
9.	Alternate Chaperone				
10.	Alternate Chaperone				

*(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

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 _____ 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 Bash, football games, banquets, etc.)

DATE(S) 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)

DATE(S) 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

Las excursiones no son obligatorias. Las mismas son planificadas a fin de realzar el programa de estudios, alentar la participación de los estudiantes en actividades extracurriculares y 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(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 Bash", los juegos de fútbol y los banquetes, etc.)

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

Pwomnad pa obligatwa. Yo fèt pou amelyore kourikouloum nan, pou ankouraje elèv yo patisipe nan ekstra aktivite akadernik, 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 pwornnad pou _____ Pon _____
Pwofesè/non pahvonè GwouplSijè 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/ParanlToude - endike konbyen)

Mwen konprann si rn pa ka peye pou pwornnad 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 idantitye lòt sous pou fon. (rezèvasyon sa a pap aplike pou aktivite ki pa dirèkteman relate ak enstriksyon klas, pa egzanp, sware gradyasyon, jwèt foutbòl, bankè, eks.)

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 celulair _____

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, sèlsi yo aplikab:

a. Pitit mwen an gen pwoblèm medikal sa yo: _____

b. Pitit mwen an pran medikaman sa yo regilyèrnan: _____
(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 _____