

"TAKE YOUR CHILD TO WORK DAY" FRIDAY, February 5, 2016

What: Only children in grades 3-8, who are eight years of age or older, can go to work with their parents.

Why: Children are given a first-hand experience into different career opportunities.

When: Friday, February 5, 2016

How: In order to participate, you must submit a completed field trip permission form (see reverse side of paper) by Thursday, February 4, 2016. If we do not receive a permission slip by Thursday, February 4th, your child will not be able to participate in this event.

If you have any questions, please contact Mr. Bonachea or Ms. Hill at 305-361-5418.



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 Key Biscayne K-8 Center DATE January 22, 2016

STUDENT'S NAME _____ I.D. NO. _____ GRADE/HR Must be 8 years old or older to participate.

SECTION II. NOTIFICATION TO PARENT

Parent/Guardian _____ is planning a field trip for his/her child to Parent's place of employment
School Group Sponsor Name Name of School Group Destination

The purpose of the trip is learn about different career opportunities.

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

This trip will be chaperoned by Parent Cost to each student \$ 0
(Total Number of Chaperones) **MUST BE RETURNED SIGNED BY 2-4-16**

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 Friday, February 5, 2016 TO Friday, February 5, 2016

--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) **THIS FORM MUST BE SIGNED IN BOTH PLACES AND RETURNED TO THE HOMEROOM TEACHER BY 2-4-16**
 to participate in the field trip to Parent's place of employment
(Destination)

DATES OF TRIP: *(Include departure/return time)* FROM Friday, February 5, 2016 TO Friday, February 5, 2016

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 _____

MUST BE SIGNED IN BOTH PLACES AND RETURNED BY THURSDAY, FEBRUARY 4, 2016 TO STUDENTS HOMEROOM TEACHER FM-2431 Rev. (08-15)