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THE SCHOOL DISTRICT OF MARTIN COUNTY, FLORIDA
Parental or Guardian Permission Slip

Form #32
Rev. 06/06

Date: _____
Permission is granted for _____ to go on a field trip to _____

Dillard High School Ft Lauderdale (Student Name) on 10/19/19 (Date) at 5:00 a.m. (Time) accompanied by authorized persons employed by the Martin County School District.

TRANSPORTATION:
School Owned Bus Commercial Carrier
Private Vehicle

Will your child require any special medication while on the field trip? Yes No
If yes, please explain: _____

Does the Health Assistant have this medication? Yes No
Please explain: _____

ADDITIONAL SPECIAL ACCOMMODATIONS NEEDED (i.e., bus with lift, etc.) _____

* **Emergency Name & Phone:** _____

(If parent or guardian cannot be contacted, appropriate action, per Chapter 234.02(2)(a), Florida Statutes, will be taken.)

Lunch: No Bring Buy Admission Price: N/A (Amount) Estimated Return Time: 7:30 pm

Any excess proceeds from this field trip will be used to benefit the general student population.

(Parent/Guardian Signature)
White/Yellow: School

(Date)
An Equal Opportunity Agency
Pink: Parent