MIAMI-DADE COUNTY PUBLIC SCHOOLS

**School-sponsored Activities, Events, and Supplemental Programs**
**Parent/Legal Guardian Permission Form**

**Required for participation in any and all school-sponsored Activities, events, or supplemental programs.**

Student Name: _____ Telephone: _____

Activity/Event Name: _____

Description or nature of the activity or event:

_____

_____

_____

Date the activity or event will begin: _____

Date the activity or event will end: _____

Location of the activity or event: _____

Name(s) of activity or event sponsor(s): _____

Types of guests that may attend the activity or event: _____

Scheduled Days of the Week: (Circle all that apply)

Monday Tuesday Wednesday Thursday Friday Saturday

Scheduled Time: From _____ To _____

I give my child permission to participate in the above-named or attached activity, event, or supplemental program during the dates and times listed above for the 2025-2026 school year.

Name of Parent: _____ Telephone: _____
Signature of Parent: _____ Date: _____

Dates and times of an activity or event may vary throughout the school year. The Activity/event sponsor will contact parent to notify of any changes.

**EMERGENCY CONTACT**

Name: _____ Telephone: _____
Relationship to Student: _____

***This form must be signed, submitted, and retained by the activity or event sponsor prior to student participation.***