



# 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

- 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

### NEAR WATER ACTIVITIES

- Beach clean up
- Docked vessel

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

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 \_\_\_\_\_

**Check box if Title 1 Funds used**  (Refer to Title 1 Funds Handbook - <http://ehandbooks.dadeschools.net/policies/135.pdf>)

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) \_\_\_\_\_

<b>TRANSPORTATION:</b>	*Private Vehicle – <b>MUST Complete FM-6298</b> (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 <a href="http://procurement.dadeschools.net/field_trips.asp">http://procurement.dadeschools.net/field_trips.asp</a> 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\*  
2017-2018**

**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\*\***

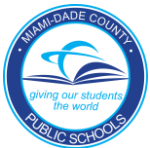
1. Advanced academic/gifted student contests
2. Close-Up Program
3. College and University Tours
4. Columbia Scholastic Press Association Convention, Columbia University
5. Junior Reserve Officers' Training Corps (JROTC)
6. The Junior Cadet Leadership Challenge (JCLC) Summer Camp for JROTC
7. Magnet Programs (Theme-based)
8. Music groups, visual art exhibitions, theatrical groups, dance troupes, speech and debate teams, cheerleader competitions 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
14. State and national invitational forensic tournaments
15. Yearbook Seminars

**C. GENERAL INTEREST ACTIVITIES**

1. Busch Gardens
2. Busch Gardens Grad Day/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 15 – November 4, 2017)
13. Legoland (Winter Haven, FL)

\* 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.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

	<b>NAME OF STUDENT</b>	<b>ID #</b>	<b>GRADE</b>	<b>STUDENT ADDRESS</b>	<b>TELEPHONE NUMBER</b>
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 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				

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)



Division of Life Skills and Special Projects  
**MIAMI-DADE COUNTY PUBLIC SCHOOLS**  
**PARENT PERMISSION FORM – WATER RELATED 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 \_\_\_\_\_ to participate in the field trip to \_\_\_\_\_  
(Child's Name) (Destination)

DATES 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 \_\_\_\_\_

I HEREBY CERTIFY THAT MY CHILD IS A COMPETENT SWIMMER.

Parent/Guardian Signature

Date

**SECTION IV. EMERGENCY CONTACT INFORMATION**

- Name of parent/guardian \_\_\_\_\_
- Parent/Guardian Phone No(s). Home \_\_\_\_\_ Business \_\_\_\_\_ Cell \_\_\_\_\_
- In case parent/guardian cannot be reached, please contact: \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone No. \_\_\_\_\_
- Please list any insurance policy covering your child \_\_\_\_\_ Policy No. \_\_\_\_\_
- Physician's Name \_\_\_\_\_ Telephone No. \_\_\_\_\_
- Only if applicable, complete the following:
  - My child has the following medical problem: \_\_\_\_\_
  - My child takes the following medications regularly: \_\_\_\_\_  
(Proper Medical form #2702 is on file at the school)
  - 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 \_\_\_\_\_



# 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 Bash", los juegos de fútbol v 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) \_\_\_\_\_ 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

- Nombre del padre/de la madre o tutor(a) \_\_\_\_\_
- No. de teléfono del padre/de la madre o tutor(a) Casa \_\_\_\_\_ Empleo \_\_\_\_\_ Celular \_\_\_\_\_
- Si los padres o tutor(a) no pueden ser localizados, por favor comuníquense con \_\_\_\_\_ Relación \_\_\_\_\_ No. de teléfono \_\_\_\_\_
- Póliza(s) de seguro que cubren a su hijo(a) \_\_\_\_\_ No. de Póliza(s) \_\_\_\_\_
- Nombre del médico \_\_\_\_\_ No. de teléfono \_\_\_\_\_
- Llene lo siguiente solamente si aplica a su hijo(a):
  - Mi hijo(a) tiene el siguiente problema médico: \_\_\_\_\_
  - Mi hijo(a) toma las siguientes medicinas con regularidad: \_\_\_\_\_  
(El correspondiente formulario medico 2702 está archivado en la escuela)
  - 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

\_\_\_\_\_ Pwofesè/non pahvonè \_\_\_\_\_ iap planitye yon pwomnad pou \_\_\_\_\_ Gwoup/Sijè \_\_\_\_\_ Pon \_\_\_\_\_ 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 mwen 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, 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 \_\_\_\_\_ 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 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, 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 \_\_\_\_\_