Field Trip Permission Form

Monday, September 24, 2012

Dear Parent or Guardian,

The grade five and six students from Bedford South will be relocating to McNab’s Island for a day of hiking, adventure, and team-building activities, leaving their fashion sense at home for the day. Please sign and return the permission slip at the bottom of this form by **Thursday, September 27, 2012**.

|  |
| --- |
| **McNab’s Trip Information**Date: **Thursday, October 11th** Rain Date: **To Be Announced**Meeting At: **8:15AM sharp at DeWolfe Park** PickUp: **4PM @ DeWolfe Park**Cost: **$23 per student** (Cash or check payable to: Bedford South School)Transportation: **Murphy’s on the Water HarbourQueen from Bedford DeWolfe Park Wharf****NOTE: STUDENTS MUST BE DROPPED OFF AND PICKED UP AT DeWOLFE PARK.****All students are required to bring with them:** 🗌 1 Liter of Water 🗌 Warm Hat 🗌 Backpack for Extra Layers, Food & Drinks 🗌 Gloves 🗌 Extra Socks 🗌 Wind Breaker 🗌 Comfortable Sneakers for Hiking 🗌 Juice, Granola Bar, and a Fruit for Recess 🗌 A Healthy Lunch (***No food or drinks are available for sale on the island***.)**Please be Aware** – Students who arrive on the morning of the field trip without the requirements listed above will not be permitted to accompany their class to McNab’s Island. Students are encouraged to dress in layers as the weather can be shifty on the Island. |
|  |

*Save this part of the form for future reference.*

*Cut here*-------------------------------------------------------------------------------------------------------------------- *Cut here*

*Sign this part of the form and return it to your child's teacher.*

My son/daughter\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has permission to attend a field trip to McNab’s Island on **Thursday, October 11th (rain date to be announced)** from **8:15AM -4PM.**

Enclosed, please find cash/check in the amount of **$23** to cover the cost of the trip.

I give my permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to receive emergency medical

treatment. In an emergency, please contact:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🗌 I am able to accompany my child on this trip as a chaperone. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name)

🗌 I am able to accompany my child on this trip as a chaperone.