

W² Team Field Trip



Howell Conference & Nature Center

April 25th, 2017

Dear Parents/Guardians:

As part of our sixth grade science curriculum we have planned a field trip to Howell Conference and Nature Center to participate in a number of fun, interactive learning activities. We will be attending three different sessions titled: *Pond Study, Orienteering, and Predator/Prey games*. We look forward to this opportunity to spend time learning about nature in the outdoors. Please keep in mind that the weather is often unpredictable and we will be attending rain or shine. Confirm that your child dresses for the weather. We will be hiking through dirt trails and outdoors most the day.

We will be departing Maltby on Tuesday, May 30th by bus at 8:45 AM and returning at approximately 2:00 PM. Students will need to pack a sack lunch. We need 8-9 adult chaperones total that would be willing to meet our group at the Nature Center. Please e-mail us if you would be able to attend.

Please complete the attached permission slip. In order to cover the cost of the program and transportation we are asking that **each student donate \$12.00.** Checks need to be made out to **Maltby Intermediate School.** Permission slips and donations are due by **Tuesday, May 9th.**

In an effort to include all students on our team, scholarships are available to cover the cost of the field trip. Please notify your child's homeroom teacher if you would like to utilize this option.

We are looking forward to an educational and enjoyable field trip!

Sincerely,

Mrs. Wagner

Mrs. Wagner
wagnerc@brightonk12.com

Mrs. Worthing

Mrs. Worthing
worthiv@brightonk12.com

Parent/Guardian
Field Trip/Activity
Permission Form

BAS
Brighton Area Schools

Name of School Marby Intermediate School

I hereby give my consent for _____
(Name of Student)

to accompany their class on a field trip to participate in _____
Howell Nature Center Field Trip

and understand they will be transported by school bus private vehicle.
(Check one)

Authorization and Release for Passenger in a Vehicle

I give my permission for my child to be a passenger in a vehicle driven by the teacher _____ or another adult chaperone.

(Parent or Legal Guardian signature) (Date)

Emergency Information

(Home Phone) (Cell Phone)

(Work Phone) (Pager/Beeper)

(Name of Insurance Carrier) (Family Physician)

(Physician's Phone Number)

* Medication that must accompany the child and information you wish to share
(i.e. allergies, medication, medical conditions, etc.) _____

If necessary, please use the back of this form.

Authorization and Release for Medical Care

I authorize the Brighton Area Schools, its employees, designees or sponsors in attendance at any Brighton Area Schools event to secure, select and consent to necessary medical attention for my child resulting from injury, illness or accident requiring medical care while I am not in attendance. I release the Brighton Area Schools and such person(s) from any liability for the selection in securing of a medical provider.

(Parent or Legal Guardian Signature) (Date)

Howell Conference and Nature Center

Agreement to Participate For Minors

Group/School Name _____
Name _____ Age _____ Birth Date (Month/Year) _____
Address _____ City _____ State _____ Zip _____
Parent/Guardian's Names _____
Home Phone _____ Work Phone _____ Today's Date _____

I understand that at the Howell Conference and Nature Center, I am expected to follow all the rules as presented by the Challenge Program facilitator, Ropes staff, & EE staff including, but not limited to: listening and following safety instructions, running is not allowed, no negative comments to other participants, respect for adults in charge and other participants, and positive encouragement given to other participants. I fully realize that participation in the high ropes, low ropes, initiatives, obstacle, tower, zip line, wall climbing courses ("Courses"), Global Village, and all Environmental Education classes involves psychologically and physically challenging situations and that my participation in the same could result in injuries including but not limited to: sprains, cuts, rope burns and/or abrasions or more serious injury. I acknowledge that the Howell Nature Center ("HNC ") has/will informed me of all required safety regulations and that my failure to follow the regulations and instructions may result in serious injury.

/s _____ DATE _____
PARTICIPANT'S SIGNATURE

I understand that a physician should be consulted before participation in these courses if my child has one of the following conditions: is pregnant, has a back condition, high blood pressure or a heart condition. I understand that an inhaler for exercised induced asthma, an Epi-pen for severe insect allergies or any other medication needed for a chronic medical condition should be brought with my child to the challenge courses. I acknowledge that my child's participation in the Courses means I accept the dangers that are open, obvious and necessary to these activities.

I agree to hold the Howell Conference and Nature Center and the Presbytery of Detroit, Inc., its sponsors, agents, representatives, board members, employees, contractors and suppliers harmless for any and all damages which my child might sustain and suffer in connection with my child's participation in the Courses, programs, and activities at HNC.

The HNC has my permission to secure emergency care for my child if necessary. I accept full responsibility for the cost of any treatment for any injury suffered while participating in the Courses. I understand that any photographs taken of my child participating in the Courses or programs may be used for publicity.

MEDICAL STATEMENT

I recognize that climbing can be a strenuous endeavor requiring my child to be in good physical condition. I am listing below those conditions my child has that could restrict my child's participation in the Challenge Courses, and activities while at camp at the HNC.

Medications currently taking: _____

I further certify that to the best of my knowledge, I attest that I have disclosed all information that could restrict my child's participation in this activity.

IF PARTICIPANT IS UNDER EIGHTEEN (18) YEARS OF AGE, SIGNATURE OF BOTH PARENTS IS REQUESTED IN ADDITION TO PARTICIPANT'S SIGNATURE.

/s _____ DATE _____
PARENT/GUARDIAN SIGNATURE IF MINOR IS UNDER EIGHTEEN (18) YEARS OF AGE

/s _____ DATE _____
PARENT/GUARDIAN SIGNATURE IF MINOR IS UNDER EIGHTEEN (18) YEARS OF AGE