**Please complete and return this form by Friday, November 16th in order to participate in the field trip described below.**

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| **Field Trip Information** | |
| For | 2nd graders and their parents/guardians |
| Teacher | Miss. Schul and Miss. Lee, 2nd grade teachers |
| Date/Destination/  Transportation | Friday, December 7th, 2018 – Pittsburgh Aquarium - Method of transportation will be a bus |
| Leaving/Returning | We will depart for Pittsburgh at 9am and we will return to school at 3pm |
| Important  Notes/Supplies | Lunch will be provided and allergy friendly options will be available as well. Souvenir money is not required but we will visit the gift shop while at the Pittsburgh Aquarium |

Our trip to the Pittsburgh Aquarium will provide the students with visual and hands on learning opportunities. Students will learn about the various animals in our ecosystem, as well as have the opportunity to play interactive games focusing on keeping our oceans pollution free. Learning activities include touch tanks, animal interactions, interactive games, and various marine biologist presentations.

If you have any questions or concerns, please call or email the Elementary School. Any medical considerations will be taken along on the trip for reference.

*Please cut along line, sign, and return by Friday.*

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| **Student Information** | |
| Full Name |  |
| Emergency Contact  Name/Phone |  |
| Medical Considerations |  |

| **Participation Permissions** | **Parent Name (Printed), Signature, and Date** |
| --- | --- |
| I give permission for my student to participate in this field trip.  *As such, I acknowledge I am aware of:*   * *Risks including but not limited to slips, falls, pinches, scrapes, twists, jolts, scratches, bruises, sprains, lacerations, fractures, concussions, or even more severe injuries.* * *Potential hazards associated with travel to and from the field trip site.* * *Possible contact with plants, animals, or insects that could result in stings, allergic reactions, and associated diseases.*   *Further, I confirm I have provided:*   * *Appropriate and available emergency contact information for the duration of all field trip and travel hours.* * *All necessary medical information, including a list of allergies, instructions, and medications to the appropriate school staff to ensure adequate care is available while my student is under their supervision.* |  |
| I do not give permission for my student to participate in this field trip. |  |