

## Dear Parents,

On Friday, December 6, your child has an opportunity to visit the Philadelphia Rock Gym at Oaks as part of their participation in Gifted Seminar. During that time, students will participate in team building exercises and will have two hours of climbing (which includes instruction and safety). If you would like to chaperone please either send the bottom of this form in with your child or email me directly (there is no cost for chaperones unless you are planning to participate in the rock climbing).

Please note that parents will need to complete a <u>waiver form</u> in order for students to participate in rock climbing. The form is available online at www.philarockgym.com (click the word 'waiver' which is located on the upper right of the webpage).

Sincerely,

Dr. Patty McGinnis pmcginnis@methacton.org

## TRIP DETAILS

Payment Due: November 15
Waiver Due: November 15

Trip Date: December 6

Cost: \$30.00 (all checks must be made payable to Methacton School District)

**Departure Time from Arcola:** 9:00 a.m. **Arrival Time back to Arcola:** 1:15 p.m.

Lunch: Students must bring a sack lunch and drink. We will eat at the gym

*	*	*	*	*	*	*	*	*	*	*	*
	_Yes! ]	would	like to	chapero	ne						
Chap	erone 1	Name: _		·····							
Child	l's Nan	ne:									
Parer	ıt Emai	1:									
Paren	nt Phon	e Numb	oer:								

## METHACTON SCHOOL DISTRICT FIELD TRIP PERMISSION AND MEDICAL AUTHORIZATION FORM

Dear Parents or Guardians:  The teachers and students are planning an educational fie  To: Philadelphia Rock by at  Date(s) and Time: Friday, Dec. 6 9:00  Cost (nonrefundable): #30  If paying by check, make payable to: method		
1.1	re indicated, and return the form with the ce, your child's eligibility to participate may  L. Patty Mc Ginis  acher	orrect amount of money be denied,
Student Name	Grade/Homeroom_	
$\Box$ I do give permission for my son/daughter to attend the	above named field trip.	
☐ I do not give permission for my son/daughter to attend of page.)	the above named field trip. (If you check this	s, proceed to signature at bottom
Parent/ Guardian Name (s):		
Phone Numbers- Home: Work:	Cell:	
E-Mail:		_
Emergency Name and Phone # if Parent cannot be reached	ed:	
Insurance: Pol		
List Health Concerns, Physical Limitations and Allergies	:	
☐ My child will not need any special medical care on the	e trip.	
☐ My child will require special medical care on the trip	and I will contact the nurse or teacher.	
Will your child require medication/inhaler on this trip?  Name of Medication:	□ Yes □No	
If yes, are you able to accompany your child on the trip?  Parents unable to accompany their child will be responurse no less than three days prior to the trip.		abeled bottle to the school
We, the Parent/Guardian agree to assume the responsibili authorize the representatives of the Methacton School Disthe student. We give permission for transportation and prot be chaperoning the field trip and that school district e	strict to take whatever action is deemed neces rovision of any necessary Emergency Treatme	sary for the health and safety of ent. I am aware that a nurse may
Parent/Guardian Signature	Date	
BAG LUNCH ORDER FORM Name: Grade: Teacher: Cost: Lunch includes sandwich, fruit, snack and beverage. Payment r	RETURN BY: Check One: Sandwich of the Day	
****Minimum of five days' notice must be given to the cafeteria	when order a packed lunch for a field trip.	proxime up fution.