

Dear Parents,

As part of their participation in Gifted Seminar, your child has an opportunity to visit the University of Pennsylvania GRASP Lab (general robotics, automation, sensing & perception). During that time, students will tour the facility, see robots in action, and speak with robotics graduate students. Following the tour, we will go to the Collegeville Wegman's for lunch. I am need of at least two chaperones; there is no cost to chaperone! If you would like to chaperone please either send the bottom of this form in with your child or email me directly.

Sincerely,

Dr. Patty McGinnis pmcginnis@methacton.org

TRIP DETAILS

Trip Date: Thursday, November 7 **Payment Due:** Friday, October 18

Cost: \$14.00 (all checks must be made payable to Methacton School District)

Cost for Chaperones: free

Departure Time from Arcola: 8:15 a.m. **Arrival Time back to Arcola:** 1:30 p.m.

Lunch: Students can either eat a sack lunch or purchase food at the Wegman's Collegeville store

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	_Yes!]	I would	like to	chapero	one							
Cha	perone l	Name: _										
Chil	ld's Nan	ne:										
Pare	ent Emai	i1:										
Dare	nt Phon	a Numl	or:									

METHACTON SCHOOL DISTRICT FIELD TRIP PERMISSION AND MEDICAL AUTHORIZATION FORM

Dear Parents or Guardians:								
The teachers and students are planning an educational field to To: Elnivich PA GRASP Lab are	np: N Wegman!S							
To: Univ, of PA GRASP Lob are Date(s) and Time: Thursday November 7 Cost (nonrefundable) \$ 1400								
If paying by check, make payable to:	on School District							
Please check the applicable items listed below, sign where is by 10/8. If the form is not completed by the due date, your prompt response will be most appreciated.	educational program and ask your permission for your child to attend. adicated, and return the form with the correct amount of money our child's eligibility to participate may be denied.							
Student Name	Grade/Homeroom							
☐ 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 the above named field trip. (If you check this, proceed to signature at bottom of page.)								
Parent/ Guardian Name (s):								
Phone Numbers- Home: Work:	Cell:							
E-Mail:								
Emergency Name and Phone # if Parent cannot be reached:								
Insurance: Policy Number:								
List Health Concerns, Physical Limitations and Allergies:								
☐ My child will not need any special medical care on the 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?								
If yes, are you able to accompany your child on the trip? Yes No								
Parents unable to accompany their child will be responsible for providing the medication in the labeled bottle to the school nurse no less than three days prior to the trip.								
We, the Parent/Guardian agree to assume the responsibility of all expenses incurred by the handling of an emergency situation. We authorize the representatives of the Methacton School District to take whatever action is deemed necessary for the health and safety of the student. We give permission for transportation and provision of any necessary Emergency Treatment. I am aware that a nurse may not be chaperoning the field trip and that school district employees may be supervising the administration of medication and care.								
Parent/Guardian Signature	Date							
BAG LUNCH ORDER FORM	RETURN BY:							
Name: Grade: Grade:	Check One: Sandwich of the Day Peanut Butter/Jelly							
Teacher: Cost: Lunch includes sandwich, fruit, snack and beverage. Payment must	be included or lunch ticket may be used when picking up lunch.							
***Minimum of five days' notice must be given to the cafeteria when order a packed lunch for a field trip.								