

Dear Parents of 7th Grade Gifted Seminar Students,

There is an optional field trip planned for 7th grade seminar students who are participating in the “What Makes Us Tick” seminar. On Friday, May 1 the students will tour the Mutter Museum in Philadelphia, America's finest museum of medical history. The Mütter Museum displays its beautifully preserved collections of anatomical specimens, models, and medical instruments in a nineteenth-century "cabinet museum" setting. The goal of the Museum is to help visitors understand the mysteries and beauty of the human body and appreciate the history of diagnosis and treatment of disease. While at the museum, students will participate in a class called the “Science Behind the Sideshow.” This lesson discusses the scientific reason for differences in people such as the “Siamese Twins” Chang and Eng whose differences made them the stars of the circus sideshow. After leaving the museum we will go to the Wegman’s Collegeville store for lunch

I will need at least one parent to volunteer to chaperone the trip (cost to chaperones is \$11). If you would like to chaperone, send in the slip below along with your check. Please note that all chaperones must be board approved and have all their clearances. Information about obtaining clearances can be found at www.methacton.org/Page/257

If you have any questions, please feel free to contact me at pmcginnis@methacton.org

Sincerely,
~Dr. Patty McGinnis

Trip Details:

Date: May 1

Cost: \$31 (all checks must be made payable to Methacton School District)

Cost for Chaperones: \$11

Departure Time from Arcola: 9:00 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 chaperone and will include the cost of the chaperone ticket in my check (\$11)

Chaperone Name: _____

Child’s Name: _____

Parent Email: _____

Parent Phone Number: _____

METHACTON SCHOOL DISTRICT
FIELD TRIP PERMISSION AND MEDICAL AUTHORIZATION FORM

Dear Parents or Guardians:

The teachers and students are planning an educational field trip:

To: Mutter Museum

Date(s) and Time: May 1 9:00 - 11:30

Cost (nonrefundable): \$31.00

If paying by check, make payable to: MSD

We believe this experience will be a valuable addition to the educational program and ask your permission for your child to attend. Please check the applicable items listed below, sign where indicated, and return the form with the correct amount of money by 4/15. If the form is not completed by the due date, your child's eligibility to participate may be denied. Your prompt response will be most appreciated.

Principal _____

Teacher M. Collins

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? Yes No

Name of Medication : _____

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

Name: _____ Grade: _____

Teacher: _____ Cost: _____

RETURN BY:

Check One: Sandwich of the Day Sun Peanut Butter/Jelly Return

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.