



Dear Parents,

Your child will be participating in the PA Media and Design Competition on **Tuesday, March 10** from 8:00 a.m. to 12:15 p.m. NOTE: The SNOW DATE for this event is Friday, March 13.

Transportation costs are \$5.50; checks are payable to Methacton School District. Please make sure that your child has a sack lunch and drink since we will be getting back to school after the normal lunch period.

Feel free to contact me if you have concerns or questions.

Sincerely,

Dr. Patty McGinnis
pmcginnis@methacton.org

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: MC IU, Norristown

Date(s) and Time: March 10 (Snow date: March 13) 8:00am - 12:00 noon

Cost (nonrefundable): \$5.50

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 2/3. 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. Dennis

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 ~~Butter~~ Butter/Jelly _____

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.