

The Field Museum

CHICAGO

October 6, 2017

Dear 6th Grade Parents and Guardians,

We are excited to announce that we will be taking a field trip to the Field Museum in Chicago, Illinois. Students will be able to see exhibits that tie directly to our curriculum while experiencing many other displays from the natural world.

Our trip will take place on **Friday, November 17th**. We will be leaving at approximately 8:30 am and will return near the end of the school day.

- Students need to dress comfortably and wear comfortable shoes.
- Students must bring a 100% disposable bag lunch.
- Students do not need to bring money with them.
- There are no cellphones allowed.

The cost of this trip will be **\$10.00 per student**. You may pay in cash or make a check out to **Aux Sable Middle School**. Please send your payment, and the completed **Field Trip Consent Form** in to the main office by **Friday, October 27th**. All payments and permission slips should be turned in to the main office. Please be sure to fill out #2—Emergency Medical Aid.

We look forward to sharing this exciting educational trip with your child!

Sincerely,

6th Grade Teachers

If you would like to be a chaperone and student numbers permit, please fill out this bottom form, detach, and return to your child's 1st period teacher. We will contact you via email to let you know either way.

Name: _____

Student name: _____

Email: _____

PLEASE DETACH THIS PORTION AND TURN IN WITH THE \$10 COST TO THE MAIN OFFICE BY FRIDAY, OCTOBER 27TH
PLAINFIELD COMMUNITY CONSOLIDATED SCHOOLS
TRIP CONSENT FORM

I hereby give permission and consent for my son/daughter, _____
(student's name)

to participate in the Field Museum Field Trip
(activity)

on 11/17/2017 sponsored by Plainfield Community Consolidated School District 202

and to be transported by: School Bus Van Private Vehicle

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1. **CONDUCT:** I understand that my student must comply with the provisions of the Student Handbook and other rules of conduct established by the School District while participating in the above-mentioned activity. I have discussed this requirement with my student.
2. **EMERGENCY MEDICAL AID:** I hereby give permission for the School District to secure whatever emergency medical treatment that my child needs in connection with the activity.

Yes No (please check one)

If I am away from home during the time of this activity, I can be reached at:

_____ _____
(address) (telephone)

Other health information about my child of importance to the activity: _____

3. **INDEMNITY /INSURANCE:** I agree to indemnify and hold harmless the Plainfield School District Board of Education and its employees and volunteers against any claim for damages or loss including reasonable attorney fees which arise out of the above-mentioned activity. I also understand that if transportation is provided by private vehicle, primary liability and insurance coverage resides with the driver and/or owner of the vehicle.

Signed: _____

Parent or Guardian Signature

Date

Address

Telephone