

Stewarttown Middle School Student Excursion Permission Form

To parents of Grade 6 students

Location & Description: Camp Muskoka Outdoor Education Leadership Centre, 1745 Fraserburg Rd., Bracebridge Ontario

Curricular Tie-In: Physical Education, Social Studies & Science

Purpose of the trip: Students will be involved in a number of active outdoor activities that will focus on Environmental Science and Geography

Date of trip: Wednesday June 13 – Friday June 15, 2018 Cost per student: \$360.00

Departure Time: Wednesday June 13th @ 8:30 am

Return Time: Friday June 15th @ 3:30 pm

Teachers involved: K. Fraser, D. Jackson, C. Thomas, M. Bottomley, D. Thomas and J. Jolly

Items required: Water Bottle/Sunscreen , Overnight Bag/Knapsack, Sleeping Bag, Pillow, Outdoor Clothing, Rain Gear, (Packing list will be sent home in June)

Other information: Students will be participating in a variety of outdoor activities in all types of weather

Trip Coordinator

Principal

*NOTE: Any out of school experience may involve extra hazards beyond those of normal school routines.
Please reinforce the counselling given at the school about the need for extra care and cooperation.*

Please detach and return permission and 1st instalment by: March 1st, 2018

I give permission for my son/daughter named below to participate in the following field trip:

To: Camp Muskoka Outdoor Education Leadership Centre

Date of trip: June 13 – June 15, 2018

Student's Name: _____ Grade 6 Classes

Amount enclosed: _____ Cheque (If paying by cheque, please include three post-dated cheques, no cash)

\$360.00 (\$120.00 due on March 1, 2018 & 2nd payment of \$120.00 due on April 2nd and the final payment of \$120.00 due May 1st, 2018)

School Cash Online is the preferred method of payment.

Medical Information: Please indicate any medical information of which the teacher should be aware. _____

O.H.I.P. # _____

Parent's Daytime Info: Name _____ Telephone Number _____

Yes No The medical information about my child has changed since September.

Yes No If "yes", I require a new Medical Information form to give the information to the office.

Parent / Guardian Signature

Telephone Number