



St. Christopher Roman Catholic Church and School

Come...journey, follow and be inspired with us!

FIELD TRIP Permission Slip for January 31st



Grades 4-6

We are very excited to be given the opportunity to attend "Science of Play" Catholic Schools Theme Day, at The Buffalo Museum of Science on **Tuesday, January 31st, 2018.**

This theme day will feature the museum's newest traveling exhibit, digiPlaySpace, which is an action packed technology playground. The children will have their bodies and minds kept active as they paint with light, fly through a 3D holographic world; explore green screen technology and much more!

After visiting this exhibit, the children will engage in several interactive **STREAM** activities which will complement their exhibit experience. These activities will provide the children with an opportunity to participate in a "Quest for Play" throughout the museum, leading them to complete various tasks in each gallery. Each task is designed to provide standard based learning, while enhancing and expanding upon their digiPlaySpace exhibit experience.

Please sign the permission slip below if your child will be able to attend this trip and have your child return it with the money by Friday, January 26th.

When: January 31st, 2018

How: Bus

Time - 9:45am-1p.m.

Dress - School Uniform

Cost - \$13.00 (ticket and bus) - If writing a check, please make payable to St. Christopher School.

****All students should bring a bag lunch on this day****

ST CHRISTOPHER SCHOOL PARENT/LEGAL GUARDIAN PERMISSION SLIP FOR FIELD TRIP PARTICIPATION

Dear Parent or Legal Guardian:

Your son/daughter, guardianship is eligible to participate in a school-sponsored activity that requires transportation to a location away from the school site. This activity will take place under the guidance and supervision of employees from St. Christopher School. A brief description of the activity follows:

Name of Event: Science Rocks!

Cost: \$13.00
(checks payable to St. Chris)

Destination: Buffalo Science Museum

Designated Supervisor of Activity: homeroom teachers GRS. 4-6

Date: 1/31/18 Time of Departure: 9:45 Time of Return: 1:00

Method of Transportation: bus FIELD TRIP ATTIRE: School uniform

(P)

Students Must bring a brown bag lunch!!!!
If you would like your child to participate in this event, please complete, sign and return the following statement of consent and release of liability. As a parent, or legal guardian, you remain fully responsible for any legal responsibility which may result from any person's actions taken by the named student.

I recognize and acknowledge that there are risks in my child's presence and participation in the above mentioned event. I agree to indemnify, hold harmless, waive and relinquish all claims I may have against St. Christopher School and the Diocese of Buffalo including any negligence claims on their part and its officers, agents, employees, representatives or volunteers arising out of the transportation to and/or from the event, or in connection with any claims arising out of or caused by any activity my child participates in during the event.

Our permission is hereby given to the representative of St. Christopher School to authorize by his/her signature whatever medical or surgical treatment may be considered necessary in the event of an accident or medical emergency in which the parent or guardian cannot be reached. It is understood that every attempt to reach the parent or guardian will be made. If the physician cannot respond, I authorize any licensed physician or medical center to treat the student designated below.

_____ check here if you are interested in being a chaperone for this field trip. YOU MUST BE VIRTUS TRAINED. You will be notified by the teacher if you are chosen. ****If you are driving children, you MUST have your license and proof of insurance on file in the school office. Car seats are a MUST where needed.

PLEASE RETURN SIGNED FORM BY: 1/26/18

Student name: _____

Parent Signature

Date

Phone Number

Emergency Contact Name & Number

Primary Care Physician/Phone Number

Health Ins. Company/plan/ID#

Allergies, reactions or other pertinent medical information

Please choose one:
_____ I DO give permission for any photo of my child taken during the field trip be used for the school web site/publicity
_____ I DO NOT