



SCHOOL TRIP PERMISSION SLIP
 Scofield Magnet Middle School
 641 Scofieldtown Road, Stamford, CT 06903
 (203) 977-2750



Date/Time: **Friday, October 18th, 2019, 9:00 a.m. to 1:00 p.m. (RAIN OR SHINE)**

Event: **Seventh Grade trip to BETA Rock Climbing Center**

Mode of Transportation: **Buses** Cost of trip: **\$20**

Contact Person at School: **Ms. Gardner, Silver Team administrator**

Please return permission slip and cash or check by: **Friday, October 11th, 2018**

I give permission for my son, daughter, ward _____ to participate in the October 18th fieldtrip to BETA Rock Climbing Center. **Students should dress comfortably as if in gym and wear comfortable sneakers. Students MUST also bring a bag lunch. You will also need to fill out an online waiver for your child(ren) in order to participate. Go to <https://app.rockgympro.com/booking/f/e4d6cf6cd76a453b95a54a9ccd8b7875> and fill it out.**

We will send this link out via the parent link and have it available at Open House as well.

We will be back at school in time for bus dismissal. Anyone who does not have a signed waiver prior to 10/18 CANNOT participate.

*Parent/Guardian **Signature** _____ Date _____

Home Phone _____ Work/Cell Phone _____

Emergency Contact Person _____ Emergency Phone _____

Please indicate any particular medical problems such as medications being taken, allergies, etc. that the person in charge and/or any attending medical person should be aware of: Nurse must have all medication by October 11th, 2019. _____

I give permission for any medical treatment that may be necessary in case of an emergency.

*Parent/Guardian **Signature** _____ **Date** _____