

Legacy Academy

Field Trip Permission Slip



Teacher: Mr. Tallent

Grade: 4th Grade

Date of Field Trip: Tuesday, February 24, 2009

Location/Destination of Field Trip: .. In school field trip at Legacy Academy: lab on the circulatory system conducted by staff from the Denver Museum of Nature and Science including the dissection and exploration of sheep hearts by students working in small groups

Departure Time: 9:00 a.m.

Return Time: 3:00 p.m.

This field trip augments/ supplements the Core Knowledge Education Program as follows:

Science - circulatory and respiratory systems.

Specific classroom learning activities student will complete in preparation for this field trip:

Worksheets and lectures detailing both systems.

Specific classroom learning activities students will complete as a follow-up to this field trip:

Examination at end of unit (2 weeks).

Cost per student: \$ 13.50

I give permission for my child, _____, to participate in the field trip at Legacy Academy. I hereby give my consent for medical/dental treatment and/or transportation to a hospital as deemed necessary by the school representative and/or the attending medical personnel for any illness or injury acquired while on this school activity. I understand that this authorization will be enforced if I cannot be contacted personally.

Permission slip due no later than February 20, 2009

Signature of Parent / Guardian: _____