SCHOOL TRIP PERMISSION SLIP

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

September 20th, 2018

Departure Date/Time: **Friday, October 5th at 8:45 AM**

Return Date/Time: **Friday, October 5th at 2:30 PM**

Event: **BETA Climbing and Fitness/Beach Clean-Up, 45 Harbor Dr. Stamford, CT 06902**

Mode of Transportation: **Bus**

Contact Person at School: **Mr. Clayton 203-977-2750**

Cost: **$20 per student**

Lunch: **Students will need to bring a bagged lunch as they will miss their scheduled lunch time.**

Please fill out the form below and return your advisory teacher no later than Friday, September 28th.

School: Scofield MMS

I hereby give permission for my son/daughter/ward_____
(student name)

to participate in BETA Climbing and Fitness/Beach Clean-Up.

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 or food allergies) or any other food restrictions that would need to be addressed.

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

Parent/Guardian Signature _____ Date _____