WMS Day at Quassy Amusement Park Monday, June 6, 2016

May 10, 2016

Dear Parents/Guardians of Whisconier Middle School Students:

On Monday, June 6 the entire Whisconier school community, students and staff, will participate in a school field trip to Quassy Amusement Park in Middlebury, CT. This is the 9th year we have taken a school-wide field trip. We are very excited to be able to enjoy the day as one whole school community. We will enjoy a fun-filled day of activities with sack races, three legged races, tug-a-war, basketball contests, volleyball, whiffle ball, bocci, horseshoes, kick ball, baseball games, balloon & egg tosses, dance contests with disc jockey and more.

Buses will leave WMS at 8:00 A.M. and return before our school day ends at 2:00 P.M. All students will take buses home at our regular dismissal time. There will be no late buses on this day.

This is a great opportunity for all students to participate in this whole school event. No one will stay behind except one office person who will staff the main office. All students are expected to participate in this field trip as it takes place during school hours. Since this is considered a regular school day, if your child does not attend the trip, they will be marked absent from school. WMS staff and Quassy staff will supervise students at the amusement park. The park is reserved only for our school on that day; no other school groups or the public will be able to join our festivities. Paddle boats and beach activities are not available, but bathing suits are required for the interactive water area, "Saturation Station". Changing rooms are available. The WMS *dress code* is expected to be followed and flip flops are *not* permitted on this day; sneakers are the footwear of choice or water shoes, as preferred. Also "Games of Skill and Arcade" are the only activities that are "pay as you play;" everything else is included in the field trip cost. The cost of the field trip is \$39.00 and checks should be made payable to "WMS Activities." Payment is required by Monday, May 23, 2016.

If you have any questions or concerns, please contact Ms. Gordon, Mr. Pepsoski or myself. Our *Whisconier Day* at *Quassy* is a wonderful opportunity for our school community to celebrate another terrific school year.

Thanks for your continuing support of our program.

Sincerely,

Deane Renda Principal

DAY TRIP

BROOKFIELD PUBLIC SCHOOLS Parent/Guardian Permission and Medical Form

			Date:			
Student's Name:	Age:					
Address:					4	
Parent Contact:	Day Phone:			Home Phone:		
Destination:	Quassy Amusement F					
Purpose:		for all WMS students an				
	June 6, 2016	Leave:	8:00 a.m.	Return		
Supervision: V Cost: \$39.00	VMS Faculty and Quas	-T	Transportatio		School bus	
Cost. <u>\$39.00</u>	Dress: _Cas	ual; shorts. bathing suit,	towel,	Lunch:	Provided	
		sunscreen, sneakers (no) flip-flops)			
Please make check permission slip are	payable to "WMS Ac due by Monday, May	tivities" and please put 23, 2016.	your child's n	ame in the	e memo line. P	ayment and
Additional notes:						
I give permission for	my child to attend this	field trip:				
Signatur	e of Parent/Guardian				Date	
					2 4.0	
	Insect Stings: Food (list): Drug (list):					
Is your child under th If yes, please explain:	e care of a physician fo	or a medical problem?	Yes:		No:	
Is your child taking m If yes, please list all m side effects:	edication prescribed b	y a physician? ne of administration, cor	Yes: ndition for whic	h medicati	No: ion is being give	n and the relevant
Other relevant information	ation:					
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Consent

To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for 1.) the administration of any treatment deemed necessary by a licensed physician or dentist and 2.) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of surgery.

Facts concerning the child's medical history, including allergies, medications being taken, and any physical impairment to which a physician should be alerted:				
Additional medical history may be obtained from:				
Doctor:				
Tel. No.:				
Tel. No.: Date Signed: Signature:				
Parent/Guardian Please contact the school nurse for the necessary forms to administer prescription medication on the field trip as required by Connecticut State Law. In the absence of an RN, all epi pens given by trained staff will be administered per MD orders (no observation for symptoms) call 911- call parent/guardian.				
Refusal to Consent I do not give my consent for the emergency medical treatment of my child. In the event of illness or injury requiring emergency medical treatment, I with the school authorities to take no action or to:				
Date Signed: Signature:				
Parent/Guardian				
Statement of Insurance				
My son/daughter is covered for injury under an insurance policy with:				

In case of an emergency or an unanticipated danger, a planned field trip may be cancelled at the discretion of the school principal or designee. In the event of this cause for cancellation, the district is not responsible for the loss of fees or payments incurred by families if expended monies cannot be recovered.

Code of Conduct Statement for Students and Volunteer Chaperones

	I understand that the field trip to Lucosey Is a school-sponsored activity and that all school policies, rules and regulations that apply to school-sponsored activities does apply to field trips. The Board shall enforce this standard regardless of any less restrictive local or national laws that may exist or variances in culture or customs. I also understand that I am required to comply with any local and foreign laws that are more restrictive than Connecticut and U.S. laws. Finally, I understand that if I violate Field Trip Policy #6453 that I shall be subject to discipline as described in the policy.
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Signature (student signature)

Date

Approved: 11/17/10