WMS Day at Quassy Amusement Park Monday, June 3, 2019

May 3, 2019

Dear Parents/Guardians of Whisconier Middle School Students:

On Monday, June 3 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 12th 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. 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. If your child has their walkathon tee shirt, we would encourage them to wear it on this day. The 5th grade wore yellow, 6th grade orange, 7th grade green and 8th grade blue. 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 \$40.00 and checks should be made payable to "WMS Activities". Payment is required by Friday, May 24, 2019.

If you have any questions or concerns, please contact Ms. Gordon, Mr. Bednarik 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:	udent's Name: Age:					
Address:						<i></i>
Parent Contact:	X	Day Pho	one:		Home Phone:	
Destination:	Quassy Amusement Park, Middlebury, CT					
Purpose:	End of year field trip	for all WMS students an	d staff			
Date: Monday,	June 3, 2019	Leave:	8:00 a.m.	Return:	2:00 p.m.	
Supervision: W	MS Faculty and Quas	sy Staff	Transportation	-	School bus	
Cost: \$40.00		ual; shorts. bathing suit,		Lunch:	Provided	
		sunscreen, sneakers (no				
Please make check payable to "WMS Activities" and please put your child's name in the memo line. Payment and permission slip are due by Friday, May 24, 2019. Additional notes:						
I give permission for my child to attend this field trip:						
Signature	of Parent/Guardian				Date	
F	nsect Stings: Food (list): Drug (list):					
Is your child under the If yes, please explain:	• •	or a medical problem?	_		No:	
Is your child taking medication prescribed by a physician? Yes: No: If yes, please list all medications, dosage, time of administration, condition for which medication is being given and the relevant side effects:						
Other relevant informa	tion:					
				10-111-121-	(please continue	e on back)

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.:					
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 <u>do not</u> 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	shall enforce this standard regardless of any less es in culture or customs. I also understand that I
Signature (Student)	Date

Approved: 11/17/10