



Sturgis Charter Public School  
*An International Baccalaureate World School*



## Sturgis Charter Public School – East Campus

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### Grade 10 Team Building & Signing-In Field Trip Wednesday, September 15<sup>th</sup>

Grade 10 students at Sturgis Charter Public School – East Campus will be participating in the annual Team Building Field Trip and Signing the Ship's Log on Wednesday, September 15<sup>th</sup> from 8:30 a.m.- 3:00 p.m. at Camp Burgess in Sandwich. The students, group leaders, and grade 10 teacher chaperones participate in team building, communication, problem solving, trust, cooperation, and confidence building activities in addition to taking part in the annual ceremony for signing in as a new Sturgis student and ringing the Sturgis bell. We believe that it is very important for ALL grade 10 students to participate in this trip. Please be aware of the following trip details:

- Students should plan to arrive at school as usual
- Depart via bus from Sturgis: Wednesday, September 15<sup>th</sup> at 8:30 a.m.
- Return to Sturgis via bus: Wednesday, September 15<sup>th</sup> at 3:00 p.m.
- Recommended attire: shirt, jeans/shorts, athletic shoes, foul weather gear\*
  - *\*Students will be outside most of the day, rain or shine*
- Food: Please bring a bag lunch, drink, and snacks
- Cost: \$25 via cash or check to Sturgis Charter Public School (Please call Mr. O'Kane if this an issue)
- Please complete and sign the attached permission form and return it with payment to the Sturgis East Main Office no later than Wednesday, September 8<sup>th</sup>.

Please feel free to call Mr. O'Kane (508) 778-1782 with any questions.

## Grade 10 Teambuilding & Signing-In Field Trip Permission Form

Date of field trip: Wednesday, September 15th, 2021

Cost: \$25

Destination: Camp Burgess, Sandwich

Transportation: School bus

### MEDICAL HISTORY AND CONSENT FOR TREATMENT FOR FIELD TRIP

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_ EmergencyPhone \_\_\_\_\_

ALLERGIES: Bee sting \_\_\_\_\_ Food \_\_\_\_\_ Drug \_\_\_\_\_ Other \_\_\_\_\_

Describe any physical/medical conditions:

\_\_\_\_\_

Any history of concussion \_\_\_\_\_ Yes \_\_\_\_\_ No, If yes when? \_\_\_\_\_

Name of student's physician or healthcare provider \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Member number \_\_\_\_\_

**REQUIRED PARENT GUARDIAN CONSENT** To the best of my knowledge, the above medical history is accurate. I understand that in the case of an emergency, every effort will be made to contact a parent or guardian prior to treatment. If a parent or guardian cannot be reached and the situation requires immediate emergency attention as determined by program staff, I hereby authorize representatives of Sturgis Charter Public School to obtain emergency treatment for my child as deemed necessary by the program representatives. Sturgis Charter Public School administrators and staff will not be held liable for procedures performed pursuant to this consent. **By signing below I also give permission for my child to attend this field trip.**

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

### **\*Complete the portion below only if medication will be needed during field trip\***

All medications, prescription and non-prescription, must be in their original container so that the name of the medication is clearly visible. Prescription medications must have a pharmacy label showing the pharmacy, prescribing doctor, patient information, and directions for use. Please bring only the amount of medication needed for the extent of the trip (for example 7 pills for 7 days).

**Please list any medications** (prescription and non-prescription) including Epi-pens/Benadryl and inhalers that your child may require for the duration of the program.

**PERMISSION TO CARRY MEDICATIONS:** If the school nurse deems it appropriate and has the required documentation your child will be permitted to carry their own medication. If you agree that your child is capable of carrying and/or administering his/her medication, please sign the authorization below. Also note that by signing below you grant permission to the school nurse to delegate medication administration to your child's teacher/designee during this school trip if necessary (including EpiPen's).

PLEASE PRINT: I, \_\_\_\_\_, parent/guardian of the above named student, give consent for my son/daughter to carry and/or administer the medications listed above unless otherwise specified below:

\_\_\_\_\_

Parent/guardian signature

Date