



Sturgis Charter Public School
An International Baccalaureate World School



Sturgis Charter Public School – East Campus

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Grade 9 Team Building & Signing-In Field Trip Friday, September 10th

Grade 9 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 Friday, September 10th from 8:30 a.m.- 3:00 p.m. at Camp Burgess in Sandwich. The students, group leaders, and grade 9 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 9 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: Friday, September 10th at 8:30 a.m.
- Return to Sturgis via bus: TFRiday, September 10th 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 8th .

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

Grade 9 Teambuilding & Signing-In Field Trip Permission Form

Date of field trip:	Friday, September 10th, 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