

Whittier Elementary School

K5 Insect Investigation

Dear K5 Parents,

On Wednesday, November 4th, the K5 class will be going to the Milwaukee Public Museum to participate in a field trip about insects. The Milwaukee Public Museum is located at 800 W Wells St, Milwaukee, WI 53233. The field trip is to assist students to have an outside experience learning about insects. During our field trip the students will participate in a class called Insect Investigation and participate in a self-guided tour of the museum. There is a cost of \$13.00 per student and is \$12.00 for adults.

We will leave Whittier School at 9:30 AM and return at approximately 1:30 PM. **Students will need to bring a bag lunch with juice / milk in a disposable bag labeled with their name (no refrigeration will be available).**

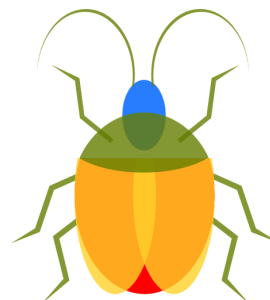
All students must travel to and from The Milwaukee Public Museum on the field trip bus.

Please fill out and return the bottom portion of this slip as well as the attached field trip slip by Thursday, October 22nd.

I will need 9 chaperones for this field trip.

Thank you,

Mr. Polebitski
K5 Teacher



Please detach and return by Thursday, October 22nd

Please return the permission slips to school with payment

I give my child, _____, permission to attend the field trip to Milwaukee Public Museum, from 9:30 AM to 1:30 PM. I understand my child will need to bring a bag lunch on this day in a disposable bag.

Parent / Guardian Signature

____ Yes, I would like to be a chaperone for the K5 Field Trip to the Museum on Wednesday, November 4th.
(No siblings please. We need all hands for the K5 Students)



PARENT PERMISSION AND WAIVER FORM FOR FIELD TRIP

I/We, the parents/guardians of the student named below, understand the nature of the trip being planned to:
Milwaukee Public Museum on 11/4/26 (Date)

Time: Leave: 9:30 AM Return: 1:30 PM

PERMISSION

We understand that transportation will be by: Wisconsin Central School Bus at a cost of \$ \$13.00, and we are in accord with the purposes of and procedures governing the trip. We hereby grant permission for our son/daughter to participate. We understand that adequate and appropriate supervision will be provided.

In the event of an injury requiring medical attention, I hereby grant permission to the supervising teacher(s) or staff (including volunteers) to attend to my son/daughter. If the injury warrants further medical attention, I expect every effort will be made to contact me to receive my specific authorization before action is taken. If efforts to contact me are unsuccessful, I grant permission for necessary medical treatment to be given. In addition, I hereby give my permission to the supervising teacher(s) or staff (including volunteers) to take my child to the physician, dentist, or to the hospital if an accident or serious illness occurs on the trip and I cannot be located.

WAIVER

We recognize, however, that unanticipated situations and problems can arise on any trip, school-sponsored or otherwise, which situations or problems are not reasonably within the control of the supervising teacher(s) or staff (including volunteers). We further agree to release and hold harmless the Milwaukee Board of School Directors, its agents, officers, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense, (including attorneys' fees and costs) arising from such activities, including any accident or injury to the student and the costs of medical services, or any cause beyond the control of MPS, including, but not limited to, natural disasters, civil disturbances, acts of terrorism, and wars.

In the event that a student must return to MPS independently for reasons of health, accident, failure to conform to rules established by the teacher in charge, etc., we agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses. This permission slip also serves as a contract that the student and parent(s) understand and agree to the guidelines from each teacher as to making up missed assignments.

Student Name (Please Print) _____ Parent or Guardian (signed) _____ Date _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

This field trip does does not (circle one) involve recreational swimming.

Please indicate your child's swimming level: Expert Intermediate Beginner Cannot Swim

Please check below IF your child has sensitivity to:

☐ Bee Sting ☐ Nuts ☐ Dairy ☐ Latex ☐ Other _____

Required medications: _____

Please check below IF your child has:

☐ Asthma ☐ Diabetes ☐ Kidney Injuries ☐ Seizure Disorder ☐ Heart Condition ☐ Other Medical Condition

Required Medications: _____

Other Medications: _____

If the student requires medication, I understand that I am obligated to ensure that the medication to be provided and the Medication Authorization Form are on file with the school. (If ordered by the student's physician, an EpiPen must be provided for all field trips.)