

Naturemapping Extravaganza: Chimacum Schools 8th grade students

Wednesday, January 23, 2013

Dear Parent(s) or Guardian(s),

We have planned an 8th grade field trip where 8th grades will work with volunteers in doing some NatureMapping of our area. We will be walking to Tamanowas Rock by Anderson Lake State Park. There students will participate in recording what flora and fauna they observe so that we can later input that data into a national database. This will be a Citizen Science experience to show kids how we can do our part to advance Science and help our planet!

Here's a plan we have for the day:

Tentative Schedule

8 am: Leave for at Tamanowas Rock (we will be walking)

8:20am: Introduction

8:45 am: Split into groups (Individual leaders)

8:55 am: Guided walk and Naturemapping instructions (Individual leaders)

10:30 am: Report back to smaller groups to share findings (Students with leaders)

11 am: Return to meeting area

11:30 am - 12:00 pm: Lunch

12:15 pm: Walk back to school and go to 5th period

Please fill out the permission slip and have your child return it to his or her Science teacher tomorrow. We could use some parent volunteers so let us know if you can join us on Wednesday, January 23, by filling out the bottom of this sheet.

Yes, I can join you on Wednesday, Jan 23, and I will meet you at the school at 8am!

Student Name

Parent Name

CHIMACUM SCHOOL DISTRICT Field Trip Permission Form

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Student Name _____ Date: January 17, 2013

General Information: Return this form to your child's school before January 18, 2013 and keep any attachments for your information.

The <u>Chimacum Middle School Science Dept.</u>	
is planning a trip to: <u>Tamawonas Rock</u>	
The purpose of this trip is: <u>for Nature Mapping</u>	
Trip destination: <u>Tamawonas Rock</u>	Phone: _____
Address: _____	
Place of Lodging (if applicable): <u>N/A</u>	
We will leave from: <u>CMS</u>	Date/Time: <u>8am</u>
We will return to: <u>CMS</u>	Date/Time: <u>12³⁰ pm</u>

Itinerary Attached List of Items Attached

Number of Students Attending: <u>80</u>	Number of Adults Attending: <u>8</u>
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Type of Transportation: District Vehicle District Bus Walking Private Vehicle
 Commercial Transportation (describe): _____ Other: _____

Information below is to be completed by the guardian of the student.

Medical Information: The following special health problems should be noted and adequate precautions taken (list such items as unusually severe reaction to bee stings, other severe allergies, hemophilia, diabetes, heart disease, etc.)

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The following medications, prescriptions or special diets are needed:

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Medical Release: In the event of an accident or illness, I understand that reasonable effort will be made to contact the guardian immediately. However, if I am not available, I authorize the school district to secure emergency medical care, as needed.

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Name of Preferred Doctor: _____	Phone: _____
Name of Insurance Carrier: _____	

This activity provides a learning experience for students and allows them an opportunity to apply their classroom learning. Although I understand that the school district will make reasonable efforts to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in the activity. Being fully aware of the