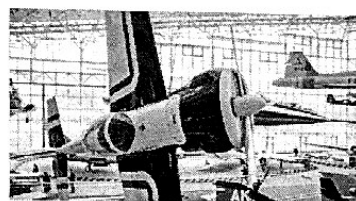




Dear Parent/Guardians,

On **Friday, April 19, 2019**, 8th graders get to visit the Museum of Flight in Seattle! Thanks to monies raised by the Peninsula Support Organization (PSO) partnering with the Bluebills (Boeing Company retirees) this trip is entirely free for our students! All your child has to bring is a sack lunch and snacks.



On Friday, April 19, please have your child at school by 6:10 am to begin loading the bus! The bus needs to leave by 6:15 am so that we can make the ferry. Make sure your child is here on time because the bus cannot stop or return.

We plan to leave the Museum of Flight by 3:00 pm, which means **the bus should be arriving at school by 5:30 pm. Please be at school to pick up your child.**

Your child need only bring a lunch to school. No backpacks necessary. If your child brings a lunch in a backpack the backpack will stay with all the lunches until lunch time.

Eighth graders will get to participate in the *Aviation Learning Center* as well as take the brand new *Dream of Flight Tour* during our stay at the Museum of Flight! It will be a great day of learning and fun!

Please message Al Gonzalez on Bloomz or email him at al_gonzalez@csd49.org if you can chaperone a group of students on the 19th, or send this page to Mr. G.

Yes! Sign me up to be a chaperone on Friday, April 19: _____

Parent Name

Student Name

CHIMACUM SCHOOL DISTRICT Field Trip Permission Form

Student Name: _____ Date: _____

General Information: Return this form to your child's school before Friday, April 12, 2019 and keep any attachments for your information.

The CMS 8th Grade Department	
is planning a trip to: The Museum of Flight	
The purpose of this trip is: Take the Dream of Flight Tour and to visit the Aviation Center!	
Trip destination: Museum of Flight	Phone: Call the School: 302-5944
Address: 9404 East Marginal Way, S. Seattle, WA	
Place of Lodging (if applicable): N/A	
We will leave from: Chimacum Middle School	Date/Time: Friday, 4-19-19 at 6:15 am
We will return to: Chimacum Middle School	Date/Time: Friday, 4-19-19 at 5:30 pm

Itinerary Attached List of Items Attached

Number of Students Attending: 43	Number of Adults Attending: 6
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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.)

The following medications, prescriptions or special diets are needed:

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.

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 risks, I hereby give consent for my child to participate in the activity.

Guardian Name: (print)	Home Phone:
Address:	Work Phone:
Guardian Signature:	Emergency Phone: