



# Chimacum Middle



Greetings 6th grade families!

As part of Chimacum Middle School 6th grade Environmental Stewardship Project your child will get to participate in three upcoming outdoor experiences. Part of being an environmental steward is getting outdoors to study our watershed as we figure out ways to help maintain all the different habitats in our valley. It is this very Environmental Stewardship Project that Chimacum 6th graders have been doing since 2002 that made Chimacum Middle School an Ocean Guardian School! As such, we are now collecting data for a program larger than just us.

In class, students are learning about water pollution and human impacts on our world's waters as they complete a Lego challenge known as the Hydro Dynamics Challenge. Restoration Stewards from the North Olympic Salmon Coalition (NOSC) will come in our Science classes to teach kids about Chimacum Creek and then in April students will go back to the creek but instead of fish trapping, this time they will be collecting water quality data.

During water quality testing, students will go to our very own Finnriver Farms to participate in some restoration work that includes potting native shrubs and trees that they will get to plant along Chimacum Creek in 7th grade! Then in June students will share all that they have learned at our annual Youth Summit at the Salmon Center in Belfair.

In order to save us all time and effort I have prepared all three permission slips and photo release forms for you to fill out all at once instead of one at a time throughout this month and next month. Please fill all the permission slips and the release forms as soon as you can and have your child bring them back to Science so that I can plan all these amazing field trips.

Thank you! If you have any questions please feel free to email me, call me, or message me on Bloomz.

Al Gonzalez  
360-302-5960  
al\_gonzalez@csd49.org

**CHIMACUM SCHOOL DISTRICT**  
**Field Trip Permission Form**

Student Name \_\_\_\_\_ Date: \_\_\_\_\_

**General Information:** Return this form to your child's school before Thursday, April 11, 2019 and keep any attachments for your information.

The Middle School Science Department	
is planning a trip to: Chimacum Creek	
The purpose of this trip is: to collect water quality data using handheld probes.	
Trip destination: under the bridge near Cenex.	Phone: 360-302-5944 (CMS)
Address: Right by the school, road access.	
Place of Lodging (if applicable): N/A	
We will leave from: CMS	Date/Time: A few days during Science.
We will return to: CMS	Date/Time: We return to Science class.

Itinerary Attached  List of Items Attached

Number of Students Attending: 25	Number of Adults Attending: 1 to 2
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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:

**CHIMACUM SCHOOL DISTRICT**  
**Field Trip Permission Form**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

**General Information:** Return this form to your child's school before Thursday, April 11, 2019  
and keep any attachments for your information.

The CMS 6th Grade Department	
is planning a trip to: Finnriver Farms (alternate assignment available upon request)	
The purpose of this trip is: Potting and planting trees as part of our creek restoration work with NOSC.	
Trip destination: Finnriver Farms	Phone: Call School: 302-5944
Address: 124 Center Road, Chimacum, WA 98325	
Place of Lodging (if applicable): N/A	
We will leave from: Chimacum Middle School	Date/Time: Wednesday 4-17-19 at 8:00 am
We will return to: Chimacum Middle School	Date/Time: Wednesday 4-17-19 at 10:45 am

Itinerary Attached  List of Items Attached

Number of Students Attending: 49	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:



**NORTH OLYMPIC SALMON COALITION**  
*Restoring wild salmon habitat on the North Olympic Peninsula*

www.nosc.org



## Photo and Video Release Form

I hereby grant permission to the North Olympic Salmon Coalition (NOSC) and Finnriver Farm and Cidery to use my or my minor child's photograph and/or video likeness. I understand that the photograph(s) and video(s) may be used in a publication (e.g., reports, newsletters, brochures) or in electronic media (e.g., PowerPoint, social media, or web site).

I acknowledge that NOSC may choose not to use my or my child's photo or video at this time, but may do so at its own discretion at a later date.

**I hereby confirm that I have the legal right to consent to and do consent to the terms and conditions above.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Names and Ages of Minor Children:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

CHIMACUM SCHOOL DISTRICT  
Field Trip Permission Form

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

**General Information:** Return this form to your child's school before Thursday, April 11, 2019  
and keep any attachments for your information.

The CMS 6th Grade Department	
is planning a trip to: The Salmon Center	
The purpose of this trip is: Culminating activity to our Environmental Stewardship Project.	
Trip destination: The Salmon Center	Phone: Call the school: 302-5944
Address: 600 NE Roessel Road, Belfair, WA 98528	
Place of Lodging (if applicable): N/A	
We will leave from: Chimacum Middle School	Date/Time: Friday, 6-7-19, 8:00 am
We will return to: Chimacum Middle School	Date/Time: Friday, 6-7-19, 2:10 pm

Itinerary Attached  List of Items Attached

Number of Students Attending: 49	Number of Adults Attending: 8
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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.

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:

NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION  
NATIONAL MARINE SANCTUARY PROGRAM  
ADVERTISING AND PUBLICITY CONSENT AND RELEASE FORM

Chimacum Middle School

School

Al Gonzalez

Teacher

I agree and consent that the National Oceanic and Atmospheric Administration and National Marine Sanctuary Program and their nominees and assigns (collectively "NOAA"), may use, in their sole discretion, the likeness and/or photography taken of me, \_\_\_\_\_ (student name) or any reproduction thereof, in any form, style or color, together with any writing and other advertising material, in connection therewith, including television and including, but not limited to, the use of my name and/or quotations..

This consent and release is given without limitation upon, or liability for, any use for advertising, illustration, publication, broadcast of every kind, or in trade or media, or for any purpose for promotion by NOAA. I further agree that such photography and/or likeness, and the film, tape, plates, and negatives thereof, shall be and remain the exclusive property of NOAA. I further waive any right to inspect or approve the commercial, advertising or publicity material.

\_\_\_\_\_

Date

\_\_\_\_\_

Student Name (please print)

\_\_\_\_\_

Student Signature

As the student named above is under 21 years of age, I hereby certify that I am the (Father) (Mother) (Guardian) of the person who is referred to above, and that I agree and consent to the foregoing in such capacity, as well as individually.

\_\_\_\_\_

Date

\_\_\_\_\_

Name of Parent or Legal Guardian (please print)

\_\_\_\_\_

Signature of Parent or Legal Guardian

Address: \_\_\_\_\_

\_\_\_\_\_



NATIONAL MARINE  
SANCTUARIES