



Hello Parents!!

## 2nd grade Hoffmaster Day Camp

The second grade team is planning an end of the year *Day Camp* at Hoffmaster State Park on **May 18th**. We will leave school first thing in the morning, taking buses to the park. At the park students will explore the nature center, hike the dunes, enjoy a picnic lunch along with other educational activities. Parent(s) are invited to join their student for a pizza dinner before heading back to school. Students will need to be picked up from CA Frost at 6:15pm. Parents who choose to join us for pizza are welcome to take their children home instead of taking the bus back to school. The cost of this trip is \$10 per student there is no cost to parents, however a state parking pass is required to enter the park (\$9 per day).

### SCHEDULE of THE DAY

**10:00 Arrival**

**10:05-11:15 Gillette Nature Center Tour**

**11:30-12:30 Lunch at the Pavilion**

**1:00-Time on the dunes/beach**

**4:00-Walk back to pavilion for pizza dinner**

**5:30 Head back to Frost**

**Arrive at Frost 6:15ish**

Bring back signed slips by: May 3rd, 2018

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

Let us know how your student is getting back from Hoffmaster.

\_\_\_ I (or other family member) will be picking my student up at CA Frost at 6:15pm

\_\_\_ I will be joining the 2nd graders for pizza and will take my child home.



**FIELD TRIP SLIP  
NOTICE TO PARENTS IN ADVANCE OF FIELD TRIPS**

Dear Parent or Legal Guardian:

Your child is eligible to participate in a school sponsored activity requiring transportation to a location away from the school building. This activity will take place under the guidance and supervision of employees from CA Frost school. A brief description of the activity follows:  
*(Insert Name of Building/Program)*

**NOTICE OF SCHOOL SPONSORED FIELD TRIP**

Name of Activity/Event: Hoffmaster State Park

Purpose: To observe and explore the dune habitat.

Destination/Location: 6568 Harbor Lake Road, Muskegon Hoffmaster State Park

Designated Supervisor of Activity: Linda Bowman 206-841-0335  
*(Insert Name of Person Coordinating Activity) (Phone Number)*

Date of Departure: 04/18/18 Time of Departure: 9:30 Date of Return: 04/18/18 Time of Return: school - 6:15  
*leave park @ 5:30*

Method of Transportation: School Bus  
*(Insert Public Transportation, School Bus, Staff Vehicle or Parent Vehicle)*

Student Cost \$ 10.00  
*(Insert Cost and Due Date or other instructions)*

Rules and/or behavior expectations for all participants while on the trip:  
Rules and expectations are those of the classroom: Listen to and follow the directions of the adult in charge of your group

Stay on trails and demonstrate respect for the park.

Additional Information:  
\_\_\_\_\_  
\_\_\_\_\_

This information is provided to keep you informed of class activities. Participation in this activity is voluntary. If you agree to your child's participation in the above described school sponsored field trip, please complete and sign the attached Parental Consent and Medical Authorization form no later than May 3, 2018.  
*(Insert Date)*

Please feel free to provide information concerning your child's individual needs, which could be of significance during the course of an educational field trip. We will attempt to accommodate such individual needs.

**PARENTAL CONSENT AND EMERGENCY MEDICAL AUTHORIZATION**

Student's Name (Printed)	Field Trip Date(s):
School Name:            Grade:            Teacher Name:	Field Trip Location:

I, the undersigned parent/legal guardian of the above named student, hereby grant permission for my child to participate in the school sponsored field trip as described above. I understand that this event will take place away from the school grounds and that my child will be under the supervision of a designated school employee.

**Student Conduct Expectation**

I have discussed with my child the necessity of acting responsibly while on the trip and in accordance with the Student Code of Conduct. I have also discussed with my child the necessity of complying with rules, policies or guidelines of other organizations or providers associated with this trip. If my child violates the Student Code of Conduct or the rules, policies or guidelines of other organizations or providers associated with this trip, I agree to pick my child up and remove him/her from this field trip. I understand that I am responsible for my child's personal actions on this trip.

Father/Legal Guardian Name (Printed)	Father/Legal Guardian Phone Numbers Home ( ) - Work ( ) - Cell ( ) -
Mother/Legal Guardian Name (Printed)	Mother/Legal Guardian Phone Numbers Home ( ) - Work ( ) - Cell ( ) -
If unable to reach parent or legal guardian call: <i>(Must be different from parent)</i> Name (Printed)	Home ( ) - Work ( ) - Cell: ( ) -

**Medical Authorization**

During the course of this school sponsored field trip, if I/we are/am unavailable or otherwise unable to provide authorization directly, I/we grant to the school principal or his designee the authority to act for me/us and to provide any required consents and authorization for the delivery of emergency medical care, diagnoses, and treatment, including surgical intervention, if necessary, on behalf of my/our minor child listed above and to do all other necessary things I/we might or could do to provide for the child's health and safety, if I/we were present. I/we further authorize and approve the release of medical information and the sharing of medical information among any healthcare providers and the trip supervisors in connection with any necessary medical treatment for our child. I/we have completed the attached Medical Treatment Release Form.

**Insurance**

I assume responsibility for paying for any damages or injuries to persons or property I incur in connection with this school sponsored field trip. I further understand that the Board of Education may not have insurance that specifically applies to this trip. I represent that my child has insurance coverage in the event of an accident and/or injury to persons or property and that I am satisfied that this insurance gives sufficient coverage for any injuries or property damage that may occur to my child by reason of his/her participation in this school sponsored field trip.

**Waiver, Release & Indemnity**

In consideration for the participation of my son/daughter in this school sponsored field trip, by execution of this form, I agree to release the Grand Rapids Public School District, its Board of Education, its individual members, agents, employees, representatives and trip supervisors (in their individual and official capacities) from any and all claims that we/I as parent(s)/guardian(s) or my/our child may have for any losses, damages, or injuries arising out of my/our child's participation in this trip or in connection with the rendering of emergency medical procedures or treatment, if any. This release applies regardless of whether the damages and/or injuries are caused by the negligence of the District's Board of Education, individual members, agents, employees, representatives or trip supervisors. I/we understand that participation in this school sponsored trip is a voluntary act and could possibly involve a risk of injury to persons and/or property, and assume any such risk that may arise there from. I/we accept full responsibility for all medical expenses for any injuries that may occur to our/my child during his/her participation in the trip. Finally, I/we agree to indemnify the District, Board of Education, its individual members, agents, employees, representatives and trip supervisors from any and all claims, liabilities, actions, causes of actions, and actual attorney's fees and litigation costs arising from or rendering to our/my child's participation in the school sponsored trip.

I confirm that by signing this Form that, as my/our child's parent/legal guardian, I/we understand and acknowledge my/our agreement to all of these terms.

Parent/Guardian Name            Parent/Gu            ardian  
(Printed) \_\_\_\_\_ Signature: \_\_\_\_\_ Date : \_\_\_\_\_

**THIS FORM MUST BE IN THE POSSESSION OF TEACHER WHILE ON FIELD TRIP**