Westside Village Magnet School

Field Trip Permission Slip

"Home of the Volcanoes"

Bend-LaPine Schools
1101 NW 12th Street
Bend, OR 97701
(541) 355-2000
(541) 355-2010
Wendy Winchel, Administrator

Our Mission: *To develop an optimal educational program where all learners can develop to their full potential in an environment free of barriers, prejudice or limitations.*

Description Of Trip:

You are invited to the **WVMS Community Friendship Celebration on Tuesday March 16th at Wanoga Sno-Park.** The purpose of the adventure is to bring the entire school community together for a day filled with fun in the snow. Activities will include journaling, water color painting, sledding, snowshoeing, cross-country skiing, capture the flag, snow cave building and other fun snow games. We will be serving community snack and hot chocolate as well. Please have your child bring a helmet for sledding if they have one. Also, make sure your child dresses in layers and brings an extra pair of gloves. You can pack a sack lunch for your child or order a sack lunch from school. Please let us know if you can join us. We love parent helpers! Be reminded you will need to fill out the volunteer paperwork for the district prior to the adventure.

Date: Tuesday March 16th
Cost: $5.00 ($13.00 if your child wants to cross-country ski)
Time Leave: 9:30 a.m. **Time Return: 2:30 p.m.**

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- ⑥ **Check here if your child can bring his/her own sled to share**
- ⑥ **Check here if your child would like to cross country ski (it will cost an additional $8 to rent skis)**
- ⑥ **Check here if your child needs a school sack lunch**

We always welcome chaperones! I can Chaperone: ____________________

(Adult name and phone #)

Medical Release

Name____

Address____

Phone_______________________ Emergency Phone _______________________

Insurance Company ___________________Policy#_______________________

I understand that the school authorities will use their best judgment in determining emergency care and procedures. I also understand that the district has no provisions for expenses incurred on behalf of my child. In case of illness, accident, or emergency to the student named above, the school is authorized to obtain immediate medical treatment.

My child ______ does have* _______ does not have need of medical instructions for treatment which are required do to allergies, reaction to certain medications, bee stings, food, etc.
*Please indicate below specific medical problem(s) and instructions that the teacher and/or coach should be aware of:

Medical Problem: ____

Instructions:____

Parent's Signature: ______________________________________ Date ________________