

GOLDA MEIR SCHOOL
MPS Parent Permission and Waiver Form for Fieldtrips

MILWAUKEE PUBLIC SCHOOLS PARENT PERMISSION AND WAIVER FORM FOR FIELD TRIPS

I/We, the parents/guardians of the student named below, understand the nature of the trip being planned to:
FASH Exposure/Experiential Learning on Various Dates (Date)

Time: Leave: 8:00 AM Return: 2:30 PM

PERMISSION

We understand that transportation will be by: Usually Walking at a cost of \$60.00 3-8 / 50.00 HS and we are in accord with the purposes of and procedures governing the trip. We hereby grant permission for our son/daughter to participate. We understand that adequate and appropriate supervision will be provided.

FASH Fees 2018-19

In the event of an injury requiring medical attention, I hereby grant permission to the supervising teacher(s) or staff (including volunteers) to attend to my son/daughter. If the injury warrants further medical attention, I expect every effort will be made to contact me to receive my specific authorization before action is taken. If efforts to contact me are unsuccessful, I grant permission for necessary medical treatment to be given. In addition, I hereby give my permission to the supervising teacher(s) or staff (including volunteers) to take my child to the physician, dentist, or to the hospital if an accident or serious illness occurs on the trip and I cannot be located.

WAIVER

We recognize, however, that unanticipated situations and problems can arise on any trip, school-sponsored or otherwise, which situations or problems are not reasonably within the control of the supervising teacher(s) or staff (including volunteers). We further agree to release and hold harmless the Milwaukee Board of School Directors, its agents, officers, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to the student and the costs of medical services, or any cause beyond the control of MPS, including, but not limited to, natural disasters, civil disturbances, acts of terrorism, and wars.

In the event that a student must return to MPS independently for reasons of health, accident, failure to conform to rules established by the teacher in charge, etc., we agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses. This permission slip also serves as a contract that the student and parent(s) understand and agree to the guidelines from each teacher as to making up missed assignments.

X _____ X _____ X _____
Student Name (Please print) Parent or Guardian (signed) Date

X Home Phone _____ X Work Phone _____ X Cell Phone _____

This field trip does/does not (circle one) involve recreational swimming.

Please indicate your child's swimming level: expert intermediate beginner cannot swim N/A

X Please check below IF your child has sensitivity to:

Bee Sting Nuts Dairy Latex Other _____

Required medications: Must be registered with school nurse.

X Please check below IF your child has:

Asthma Diabetes Kidney Injuries Seizure Disorder Heart Condition Other Medical Condition

Required medications: Must be registered with school nurse.

Other medications: _____

If the student requires medication, I understand that I am obligated to ensure that the medication to be provided and the Medication Authorization Form are on file with the school. (If ordered by the student's physician, an epipen must be provided for all field trips.)

Schoolwide Enrichment Model & Experiential Learning

2018-19 Ticketed Trips as of 8/8/18 (more to come)

10/2 In the Heights High School (544 Seats – can add more later if needed or fill in empty places with 7th & 8th)
10/12 –Nate the Great 3rd Grade (TBD – Wait List)
10/23 MKE Film 4th – 6th Graders
10/25 MKE Film 9th – 12th Graders
10/26 MKE Film 9th – 12th Graders
10/27 Hairspray Various Grades
10/30 MKE Film 8th Graders
10/31 MKE Film 4th - 6th Graders
10/29 MKE Film 7th Graders
11/1 MKE Film 3rd Graders
1/16 Matilda 10:00 3rd – 6th Graders + Additional Theatre Students
Big River 3/20 12:00 5th – 8th Grade + Additional HS History Students

2018-19 Exposure Experiences as of 8/8/18 (more to come, dates TBD)

Urban Ecology 3rd – 6th
Jewish Museum Milwaukee 8th – 12th
Discovery World Upper Campus
Milwaukee Art Museum 3rd – 5th plus some special exhibits
Lyndon Sculpture Garden Upper Campus
Milwaukee Youth Symphony Orchestra All Grades
Milwaukee Symphony Orchestra Middle School
Milwaukee Film Festival – All Grades
Milwaukee Public Museum – All Grades
Milwaukee Zoo – Various Grades including HS Biology
Junior Achievement 3rd – 8th Grades
STEM Expo 7th – 12th Grade

Guests & In-House Performances & Speakers

Kohls Wild Theatre 3rd – 6th
American Players Theatre Potency of Poetry Workshop High School
Kidswrites Skylight Music Theatre 3rd – 5th Grade
Holocaust Survivor 6th – 12th Grade
Historical/Political Speakers (various for topic)
Black History Program All Grades
Danceworks Various Grades

Many more experiences will be scheduled as the year progresses. This permission slip should cover all experiences designated as FASH and paid for by student fees.

Fine Arts/Science/Humanities Fees (FASH):

\$60 3rd – 8th Grade (Includes Assignment Folder)

\$50 High School (includes Agenda)

These experiences and more are an important part of our Gifted & Talented programming and are curricular. They cannot be covered by the regular school budget. This school, as well as the Arts Schools, have always requested this small additional fee, for which each student ends up with 8 – 12 shared experiences that inspire depth of knowledge in our Renzulli Schoolwide Enrichment program. Our fee has not increased in the past 10 years. Thank you for your cooperation in signing this form promptly and returning it with your child's fees. If you choose to pay through My Payments Plus, please indicate that with any confirmation number you may have received.

X I paid my fees on (date) _____ in the following way (check, money order, cash, My Payments Plus) _____ and gave them to (staff member name if delivered in person) _____ and I have a receipt or confirmation of payment. I may now participate in all activities.