

September 2009

## Woodcock Nature Center

Dear Parents,

We are excited about our upcoming trip to the Woodcock Nature Center! This is an integral part of our **Forest Ecosystems** science unit. Student groups will be led by Nature Center staff to explore trees on the trails at Woodcock. Students will learn the names of many trees as well as their forest history and environmental preferences, and will reinforce their skills of tree identification. Students will also spend time inside the Nature Center examining tree rings and learning about the animals that rely on the trees and the forest.

We will be traveling to the Woodcock Nature Center on **Tuesday October 27th, 2009 from 9:45 – 11:45**. Would you please sign and return the permission slip below together with a check for \$14.00, made payable to Cider Mill Activity Fund as soon as possible.

**On the day of the trip you will need to provide your child with a peanut free bagged lunch and a drink.** Please be sure that your child is appropriately dressed:

Long pants, long sleeves, light-colored socks

A sweater that they can wear or tie around their waist (woods tend to be colder than sunny areas)

Comfortable shoes appropriate for walking in the woods on a possibly wet morning

Pre-applied insect repellent (if desired)

We are looking forward to learning about trees in their natural environment! Please let us know if you have any questions or concerns.

**Ms. Grimaldi**

**PARENT PERMISSION FORM FOR FIELD TRIPS, STUDY-TRAVEL ACTIVITIES  
AND TRANSPORTATION FOR CO-CURRICULAR ACTIVITIES**

I/We, the parents/guardians of the student named below, understand the nature of the trip being planned to:

**Woodcock Nature Center Wilton, CT** on **Tuesday, Oct. 27th, 2009**  
(Date)

**Time:** Leave: **9:45AM** Return: **11:45AM** We understand that transportation will be by:

**Laidlaw Bus** at a cost of **\$14.00** :  
(Mode of transportation)

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. 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 Town of Wilton and the Wilton Board of Education, their 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.

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.

In the event that a student must return to Wilton 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.

\_\_\_\_\_  
Student Name (Please print) Parent or Guardian (signed) Date

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Please check below IF your child has sensitivity to:  
Bee Sting Nuts Dairy Latex Other \_\_\_\_\_

Required medications: \_\_\_\_\_

Please check below IF your child has:  
Asthma Diabetes Kidney Injuries Seizure Disorder Heart Condition Other Medical Condition

Required medications: \_\_\_\_\_

Other medications: \_\_\_\_\_

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