**7th Grade Field Trip – Zoo Atlanta**

**Dear Parents,**

Each seventh grade student will have an opportunity to go to the **Zoo Atlanta** in downtown Atlanta on **Wednesday, April 27, 2016**. We will ride charter buses to and from the zoo, enjoy the exhibits, participate in the Forest of Africa and Asia program, and eat a picnic lunch at the Zoo. Lunch will be preordered from the Zoo’s Culinary Sol Café. Your options will be a choice of assorted sandwiches (Turkey, Ham, Peanut Butter & Jelly or Hot Dog) and include chips, cookie, and a beverage.

Although Zoo Atlanta is fun, it also provides a unique educational experience. Social studies, Science, and Language Arts standards will be addressed on this trip, and the students will have an assignment at school the next day that is based on their experience.

The cost of the field trip is **$38.00**, which includes the price of transportation on motor coaches, admission to Zoo Atlanta, and lunch. We understand that it is a costly trip, but we feel that it will be worthwhile and beneficial for our students. It is important that students wear comfortable clothes and shoes (tennis shoes preferred). No flip-flops please.

The charter buses will leave at approximately 9:45 on the day of the trip. Students will go to homeroom and first period. We will gather in the carpeted gym at 9:30 to get into groups before loading the buses. We will return to school at approximately 3:45 that afternoon.

The fee for the field trip will need to be enclosed in a **money collection envelope** and students should place the envelope in the black money **drop box** at school. The **deadline for permission forms and money collection is Friday, March 18th.**  **Checks** should be made **payable to Lost Mountain Middle School**. The attached **permission and medical form** should be completed and returned to your child’s **homeroom teacher**. DO NOT place the permission form in the money envelope. No permission forms will be accepted after the deadline.

Students who choose not to attend the field trip are expected to attend school on that day. A seventh grade teacher will be at the school with alternate assignments for any child who does not attend the field trip. No child will be denied an opportunity to attend the field trip because he/she is unable to pay. If you are unable to donate the full $38, any amount would be appreciated. If you are able to donate more than the requested amount, you may do so. **However, if sufficient funds are not collected, the trip will have to be cancelled.**

We welcome **parent chaperones,** but we will only be allowing a limited number of parents to attend this year. If you would like to chaperone, please contact **Gina Teague** at Gina.Teague[@cobbk12.org](mailto:Karen.Glisson@cobbk12.org) and let her know that you are interested in attending. If accepted, you will be asked to send an additional **$15.00** in a money collection envelope to cover the cost of your trip. Parent chaperones are expected to ride the bus and help supervise a group of approximately 8 students throughout the day. All parent chaperones will be asked to attend a brief meeting at 9:15 on the morning of the field trip.

Thank you very much for all of your support. Please e-mail **Heather Holder** or **Lauren Puckett** if you have any questions.

Sincerely,

The Seventh Grade Teachers

**Permission to Attend Zoo Atlanta Field Trip**

**Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Homeroom Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Name:** Lost Mountain Middle School

**Destination Site:** Zoo Atlanta

**Date of Trip:** Wednesday, April 27, 2016

**Approximate Departure Time:** 9:30 A.M. **Approximate Return Time:** 3:45 P.M.

**Donation Requested Per Student:** $38.00 **Method of Transportation:** Private Carrier

**Approximate Number of Participating: Students:** 340 **Adult Supervisors:** 14 Teachers/Administrators, 20 Parents

\*This form needs to be returned to your homeroom teacher. Do not put it in the money envelope.

\*The money envelope, marked “Zoo Atlanta Field Trip,” needs to be returned to the black drop box.

**Please check the appropriate item below:**

\_\_\_\_\_\_My child has permission to attend the field trip. I will send the money for the trip (**$38.00**) by the **deadline on** **Friday, March 18th**.

\_\_\_\_\_My child has permission to attend the field trip. I am unable to pay the full amount, but I will send the following amount of money by the **deadline of Friday, March 18th**. Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_My child will not be attending the field trip. I understand that he/she is expected to attend school on that day.

**Lunch: (Please check your choice for sandwich and beverage)**

Sandwich Choice:

\_\_\_Turkey \_\_\_\_Ham \_\_\_PB&J \_\_Hot Dog

Beverage Choice:

\_\_Coke \_\_\_Sprite \_\_\_\_Diet Coke \_\_\_\_Bottled Water \_\_\_Juice Box

**THE MEDICAL RELEASE FORM ON THE BACK OF THIS PAGE MUST BE COMPLETED, SIGNED, AND RETURNED BY FRIDAY, March 18th, IN ORDER TO ATTEND THE TRIP.**

**THANK YOU FOR YOUR SUPPORT!**

**Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Form IFCB-5**

**Medical History Permission and Release Form**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_**

**In case of an emergency, notify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Family Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Family Insurance Co.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Insurance Co. Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IMMUNIZATIONS: \_\_\_\_\_Tetanus \_\_\_\_\_Polio Booster \_\_\_\_\_Measles \_\_\_\_\_Mumps**

**Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PAST MEDICAL HISTORY**

**Asthma \_\_\_\_ Sinusitis \_\_\_\_ Bronchitis \_\_\_\_ Kidney \_\_\_\_\_Heart \_\_\_\_\_ Diabetes \_\_\_\_\_**

**Dizziness \_\_\_\_\_ Stomach Upset \_\_\_\_\_Hay Fever \_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ALLERGIES: Food \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insect bites/stings \_\_\_\_\_\_\_\_\_\_**

**Penicillin or other drug (name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Poison Sumac, Oak or Ivy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Previous operations or serious illnesses \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Any current medications \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Special Diet (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Childhood Diseases: Chicken Pox \_\_\_\_ Measles \_\_\_\_ Mumps \_\_\_\_ Whooping Cough\_\_\_\_\_**

**Any medical needs which your child has, of which adult supervisors should be aware:**

**PERMISSION FOR TREATMENT**

**My permission is granted for school supervisors to obtain necessary medical attention in case of sickness or injury of my student.**

**I release and waive, and further agree to indemnify, hold harmless or reimburse the Cobb County School District, the Board of Education, its successors and assigns, its members, agents, employees, and representative thereof, as well as trip supervisors, from and against, any claim which I, any other parent or guardian, any sibling, the student, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, from any losses, damages or injuries arising out of, during or in connection with the student’s participation in the trip or the rendering of emergency medical procedures or treatment, if any.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent/Guardian (This signature is REQUIRED to attend the trip.)**