

JOIN US ON OUR TRIP TO **NEW YORK CITY!**  
WE WILL VISIT THE BREATHTAKING **FASHION GALA EXHIBIT**  
AT **THE ICONIC METROPOLITAN MUSEUM OF ART!**



**WHEN:** SATURDAY, MAY 20, 2017. MEET IN FRONT OF THE 10-12 BUILDING AT 7:30 A.M.

DEPART MUSEUM AT 3 P.M. Return to SFHS by 5 p.m.

**WHO:** ANY SPRING-FORD STUDENT IN GRADES 9-12.

**COST:** \$50 INCLUDES BUS RIDE AND MUSEUM ADMISSION. BRING YOUR OWN FOOD OR BUY IT AT THE MUSEUM. BRING A \$50 CHECK MADE OUT TO SPRING-FORD HIGH SCHOOL OR \$50 CASH TO MRS. WRIGHT IN ROOM 122

BY TUESDAY MAY 16. The first 42 students who pay \$50 and bring in the attached permission slip will secure their reservation. No REFUNDS.

**SPECIAL:** WE WILL FEATURE A SCAVENGER HUNT AT THE MUSEUM AND ONE RANDOMLY CHOSEN WINNER/PARTICIPANT WILL GET HIS/HER MONEY BACK AS A PRIZE.

**QUESTIONS:** CONTACT MRS. WRIGHT AT [mawri@spring-ford.net](mailto:mawri@spring-ford.net)

A handwritten signature in black ink that reads "Douglas A. Reagin".

# Spring Ford School District Field Trip Permission Form

PLEASE RETURN THIS FORM TO SCHOOL NO LATER THAN

\_\_\_\_\_ April 18, 2017 \_\_\_\_\_

(Date)

An educational trip to The Metropolitan Museum of Art in New York City is planned for Saturday May 20, 2017. (Depart 7:30 am return 5 p.m.)\_\_\_\_\_, 2017\_\_\_\_\_, for the 9-12 grade. This trip is sponsored by the FCS Club and the Library Club. You do not need to be a club member to join us on this trip.

In case of an emergency, illness, or accident during school hours, please list where a parent or guardian and additional emergency contact can be reached:

1. \_\_\_\_\_

Name Phone No.

2. \_\_\_\_\_

Name Phone No.

3. \_\_\_\_\_

Name Phone No.

Please list all health problems (food/medication allergies) and instructions to the teacher. Please note only emergency medications (inhalers and epi-pens will be sent on field trip by school nurse)

\_\_\_\_\_  
\_\_\_\_\_  
Please bring \$50 cash or a check to SFHS by May 16, 2017 to cover the bus trip and the museum admission. Pack your own food or buy lunch at the museum. No refunds. Contact Mrs. Wright at [mawri@spring-ford.net](mailto:mawri@spring-ford.net) with questions.

**NOTE:** This signed form, when returned, will serve as permission for your child to participate in this field trip.

Chaperones may not take their children home after a field trip unless the trip returns to school within 15 minutes of dismissal.

If a chaperone would like to pick up their child at dismissal time, it is requested that he/she writes a note and sends it to their child's teacher the morning of the field trip.

In the event of an emergency requiring medical care and treatment I authorize any physician, hospital or other healthcare provider to administer care. I also give permission for the transport to/from physician or hospital by chaperone or ambulance. I do hereby release Spring-Ford School District, its agents and employees from any and all liability and claim that either party may suffer as a result of emergency treatment.

\_\_\_\_\_  
Child's Name/ Teacher

\_\_\_\_\_  
Parent/Guardian Signature/Date