

**Bethlehem Academy**  
**PARENTAL FIELD TRIP PERMISSION FORM**  
**Catholic Schools Week Fun Day**

Destination: **Pinstripes (Grades 6, 7 & 8)** City: **Edina**

Designated Supervisor of Activity: **Grade Level Teachers**

Date/Time of Departure: **Friday, January 31<sup>st</sup>** Time of Anticipated Return: **End of School Day**

Method of Transportation: **Buses**

Student Cost: **\$25.00**  
*(Donations welcome for any students otherwise unable to afford this activity)*

Lunch: **Bag lunch included**

**To be completed by parent:**

If you would like your child to participate in this event, please sign and return the following statement.

**MEDICAL INFORMATION**

Health concerns and/or medications: (please circle)

(Yes) on file with school nurse

(No) no concerns

other medications or concerns: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Student

\_\_\_\_\_  
Emergency Phone Number

\_\_\_\_\_  
Date

- Please return this entire form and fee by **Monday, January 27, 2020**