

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

Destination: **Big Thrill Factory (Grades 9 & 10)** City: **Oakdale**

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

Date/Time of Departure: **Friday, January 31st** 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**