SCHOOL DISTRICT OF HOWARD SUAMICO FIELD TRIP CONSENT FORM BAY HARBOR ELEMENTARY SCHOOL

Student's Name	Grade Teacher
	GA Gymnastics, on June 6^{th} or 7^{th} at the time listed on the back of r's name on the schedule and note that time on your portion
taking medication?	aware of: does your child have allergies? Is your child currently
List phone number where parent/guardian	can be reached during field trip:
• In the event of sudden illness or injury.	, appropriate medical care will be obtained.
For this activity your child will need to	wear comfortable clothing, including socks.
 welcome to! No need to hear back from us must have an approved background call the office. A huge THANK YOU to Student Cobussing cost! Also, THANK YOU to 	class at SAGA Gymnastics, 13698 Velp Avenue, Suamico, you are in the teacher, just show up at SAGA. All parents/guardians who joi check on file with the district. If you are uncertain about this, please ouncil who will be paying everyone's admission and part of the our PTO who will be paying for most of the bussing cost! a SAGA Gymnastics and return it along with the top portion of
Thank you, Bay Harbor Staff	
Parent/Guardian Signature	I would be interested in chaperoning at SAGA Gymnastics. I have an approved background check on file with the district and will just show up at SAGA. (Sorry, siblings may not attend this activity)
· ·	ease cut here)AT HOME FOR YOUR REFERENCE-
School Wide	Field Trip to SAGA Gymnastics

Date of field trip: Monday, June 6, 2016 or Tuesday, June 7, 2016. Time _____

For this activity my child will need to wear comfortable clothing. Your child may also want to bring a water bottle.