

Dear 7th Grade Parents/Guardians:

The end of the year is fast approaching and we are currently in the process of preparing for the annual 7th grade celebration. **The celebration will be held on Wednesday, May 30, 2018**, at Cypress Lake Middle School.

As is required for all extra-curricular school activities, we have included a parent permission form to be completed by the parents of all students participating in the celebration. **Please complete and return to your child's civics teacher by Wednesday, May 16, 2018.**

Please note, students on the grounded list are unable to participate.

Students who return a permission slip will receive a *wristband, (on the day of the event,)* that will be required in order to participate in the following activities;

- Laser tag
- Bubble Soccer
- Gladiator Joust
- Obstacle Course
- Giant Double Water Slide

Students are able to wear school appropriate swimsuits. **Boys must wear a shirt along with swim shorts and girls must wear a cover over their bathing suits.** In addition, it is recommended that all students bring a towel. **NO ONE** that is wet will be granted access to the gym. Kona Ice will also be onsite selling snow cones for \$3.00.

It is our goal to provide a memorable experience for all 7th grade students. In order to help make this event special, we will provide entertainment and refreshments. We continue to seek donations to defray the costs.

Suggested donations: *water, chips, financial*

A cooperative effort among the approximately 282 7th grade families will assist us in providing an unforgettable 7th grade finale. Thank you in advance for any assistance you can offer. Donations can be turned in to the front office with a note for 7th grade Celebration or to Mrs. Kuzer in room 813.

Volunteers needed: In an effort to keep our school safe, we are looking for 4 to 5 parent volunteers to secure the perimeter of the school during the event (11:30 am-2:00 pm). Please complete the form below or contact Mrs. Kuzer @ karenk@leeschools.net for more information.

Donations: Please return to Mrs. Kuzer room 813

Student name: _____ Date: _____ CK ___ Cash ___ Amount: _____

Water _____ Chips _____

Parent Volunteer

Name: _____ Phone Number: _____ Email: _____

Volunteer form completed with CLMS _____ Yes _____ No _____



The School District of Lee County
FIELD TRIP PARENT PERMISSION FORM



Student's Name:	School: Cypress Lake Middle
Date(s) of Field Trip: Wednesday, May 30, 2018	Teacher/Sponsor: 7th grade team
Destination of Field Trip: School Campus	
Departure Time: 11:30 am	Return Time: 2:00 pm
Purpose of Field Trip: 7th grade end of year celebration	

X During this field trip students will be exposed to the sun. Parents/guardians should insure that sunscreen is applied before students leave home.

- **School Rules**—All school rules apply while students are on a field trip. Should your child choose to break a rule, you may be contacted to pick him/her up immediately. All field trips shall be tobacco and alcohol/drug free.
- **Homework/Classwork**—Students are responsible for requesting any homework and/or classroom assignments they miss while on a field trip and for making up/completing that work.
- **Appropriate Dress**—Students and chaperones are expected to dress according to the type of field trip planned. **Appropriate dress for this trip is:**

Information Below the Double Line Should Be Completed by Parent/Guardian.
Please sign and date the form, and return to your child's teacher/sponsor by:

Special Needs (check one):

My child has a medical condition and/or medication of which the school should be aware, which I have explained by **completing and signing the other side of this form (see reverse).**

My child has **NO** special needs for this trip.

In case of an emergency during the field trip, the teacher/sponsor can reach me at (print telephone number and name of person to be called):

Whenever the Superintendent or Principal determines that there are dangerous conditions which may affect the health, safety or welfare of those traveling on any field trip, the Superintendent or Principal may withdraw approval for the trip. Prior to departure on a field trip the teacher/supervisor will make himself/herself aware of and follow any travel advisories. The District will assume no liability for reimbursement of costs or expenses incurred by the cancellation of any trip.

As the parent or legal guardian of the student listed above, I give him/her permission to participate in this field trip, including related travel. I hereby grant permission for the supervising teacher to act "in loco parentis" (in place of the parent) in the event of any medical emergency and I accept full responsibility for all medical costs in the event of such a medical emergency.

I do hereby release and hold harmless the School District of Lee County and all of its employees from any liability or injury to my child's person or property incurred during the course of this field trip which is not the direct result of willful action or culpable negligence by the School District or its employees.

Parent/Guardian Signature	Date
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MIS-756 (06/07)

Return to Civics' teacher by: Wednesday, May 16, 2018

MEDICAL INFORMATION

Your Child's Name: _____

Name and # of Medical Plan: _____

Doctor's Name and Phone #: _____

List any ailments, disabilities, health issues or problems involving your child which might affect his/her participation in the field trip:

Asthma _____

Ear Infection _____

Sleepwalking _____

Allergies _____

Epilepsy _____

Sinus _____

Bronchitis _____

Heart Disease _____

Other _____

Please explain any checked items needing clarification (e.g., "Allergies" or "Other"):

All medication is to be administered by the trip supervisor or teacher/staff chaperone. Medication must be clearly labeled with the student's name, the name of the medication, what it is to be used for, how it is to be given, the quantity to be given, and the time(s) of day/night it is to be given. Only the amount of medication required for the duration of the trip should be provided.

Name of medication: _____

What it is to be used for: _____

How it is to be given: _____

Quantity and times to be given: _____

Comments: _____

By my signature below, I am requesting that the trip supervisor or teacher/staff chaperone administer this (these) medication(s) as directed above.

Parent/Guardian Signature: _____ Date: _____

IN CASE OF EMERGENCY: I hereby request the physician/emergency team selected by the trip supervisor to provide treatment for my child named above.

Parent/Guardian Signature: _____ Date: _____

IF PARENT/GUARDIAN CANNOT BE REACHED IN AN EMERGENCY, PLEASE CONTACT (please print clearly):

Name: _____ Phone #: _____