## **Montessori Peaks Academy** FIELD TRIP PERMISSION SLIP

Lair of the Bear Due back 9/4/07

Dear Parent,	
Your signature on this note gives	the privilege of joining his/her class on a
school outing/field trip to Lair of the Bear Pa	rk/Jefferson County Open Space Program on
September 13, 2007.	
The class will leave school at 9:15 am and re	turn at approximately 1pm. We would like your child to
have this educational opportunity. Your encountry	uragement in proper conduct would be appreciated.
Adult supervision will be provided. Transporta	ation will be by: <b>car</b>
Parent/Guardian Signature	Date
Cost per child \$ 0 Cost per Driver/Cha	aperone \$0
Please make check payable tona Please return permission slip <b>no later than</b> _	September 4
Principal or such substitute as he/she may de ray examination, anesthetic, medical, dental,	AT MINOR  igned do hereby authorize Montessori Peaks Academy esignate as agent for the undersigned to consent to X- or surgical diagnosis or treatment and hospital care for which is deemed advisable by and to be
rendered under general or special supervision of Medicine Practice Act or any Dentist licens	n or physician and surgeon licensed under the Provision sed under the Dental Practice Act, whether such ce of said physician or dentist, at a hospital, or
	he above minor is en route to or from or involved in revoked in writing by the undersigned and delivered to
Parent/Guardian	
Signature	Date
	a 10 to 11:30. We will then eat lunch at the park, before a disposable sack lunch. If you have ordered "hot lunch" provided. Please remember, no nuts.
Your child needs to be prepared for outdoor as water bottle, hat, sunscreen etc.	activity. Please send as appropriate for the weather such
Driver Opportunity:	
	ents on this activity. I can take passengers in my
back seat(s).	I will contact you if I need you to drive. If I don't need
Prospective drivers name	you to drive I may still be able to have extra adults come