

Pewaukee High School

510 Lake Street, Pewaukee, WI 53072

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Field Trip Information/Permission Form

DATE: Tuesday, May 26, 2015 CLASS/CLUB: Art Club LOCATION: Square One Glass Studio 5322 W. Vliet Street Milwaukee, Wisconsin 53208 <u>http://www.squareoneartglass.com</u> 414-259-0811 NEAREST HOSPITAL: Children's Hospital 8915 W. Connell Ct. Milwaukee, WI 53226 (414) 266-2000 | (877) 266-8989 toll free Advisor: Jeanne Bjork Cost: \$35.00 check made out to Pewaukee High School with Art Club in memo line, plus

\$5.00 cash to purchase food for the party at the Studio.

Please read the information above, complete LOWER portion and return to school by 9/17/2014

This year, teachers will have a copy of your student's emergency card with them on the day of the field trip. You need only complete any changes since the beginning of this school year. Has any information on your student's emergency card changed? Yes No If yes, please make any changes below. If no, complete the authorization on the bottom of this form.

emergency card	[] Current Concerns	[] Makes these changes to my student's
	th concerns NOT LISTED ON EMERGEN	CY CARD, i.e., allergies, asthma, diabetes, bee sting reactions,
Specific instructions w	hen caring for my student NOT STATE	D PREVIOUSLY ON EMERGENCY CARD
List medications your	student is currently taking THAT DIFFI	ER FROM THE EMERGENCY CARD
• List below the names a ARE DIFFERENT FROM THE E		ardians or parent designee may be reached during the field trip THAT
Nama	Phone	Relationship
Name		
		Relationship
Name	Phone	Relationship
Name	Phone	
Name · Physician · Hospital Preference	Phone	Relationship
Name · Physician · Hospital Preference I give permission for my stud	Phone	Relationship Phone Phone Phone , to go on and participate in the field trip described above

Name of teacher sending field trip information: Jeanne Bjork

http://phsvisualartdept.weebly.com/art-club.html