**Field Trip Information/Permission Form(A)**

Pewaukee Public Schools (262) 695-5013Pewaukee High School ext. 5013

Dear Parent,

On **Friday, March 27, 2015** your Art History or AP Art student has the opportunity to visit The Art Institute of Chicago and the Museum of Contemporary Art in Chicago, IL. This is an area rich in art, including public sculptures, galleries, historical architecture, and much more. We will visit the School of the Art Institute of Chicago (with a tour of the school and facilities) and visit the Museum of the Art Institute immediately after our tour of the school. Students will have an assignment to be completed while exploring the world renown collections of the Art Institute. Students will need to bring money for lunch in the cafeteria, which will be approximately $10-$15. After our tour of the Art Institute of Chicago we will walk to the Museum of Contemporary Art (MCA) and tour their impressive collection of contemporary art. We will eat dinner in Chicago after our visit to the MCA, and students should bring $20 for dinner.

* **The cost of this trip is $55 for transportation to and from Chicago, entrance to the museums, and tours.**
* **Students should also bring at least $30 for food, but may want to bring more for snacks throughout the day.**
* **WE ALSO NEED ONE PARENT CHAPERONE FOR THE TRIP**. **If you would like to chaperone see the attached page. The chaperone cost will be $18 for entrance into the MCA.**
* **We will depart PHS at 6:30 AM and arrive back to PHS at 9:00 PM on Friday, March 27, 2015**

**Please read the information above, complete LOWER portion and return to school by Friday March 13, 2015 with $55 cash or a check made out to “Pewaukee High School” with “Art Chicago Trip” on the memo.**

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 2014-15 emergency card changed? Yes No

If yes, please make any changes below. If no, complete the authorization on the bottom of this form.

Comments Current Concerns Makes these changes to my student’s emergency card

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* List any current health concerns NOT LISTED ON EMERGENCY CARD, i.e., allergies, asthma, diabetes, bee sting reactions,

etc., \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Specific instructions when caring for my student NOT STATED PREVIOUSLY ON EMERGENCY CARD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* List medications your student is currently taking THAT DIFFER FROM THE EMERGENCY CARD\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* List below the names and phone numbers where parents/guardians or parent designee may be reached during the field trip THAT

ARE DIFFERENT FROM THE EMERGENCY CARD

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Physician\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Hospital Preference\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give permission for my student, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to go on and participate in the field trip described above

and to be transported by school bus or school vehicle.

If you would like to serve as a chaperone please email Mr. Lamp at [lampben@pewaukeeschools.org](mailto:lampben@pewaukeeschools.org) as soon as possible. John Maltsch will need a copy of your Driver’s License and Social Security card to perform a background check.

Chaperone Name:

Phone Number: Email:

**Signature of parent/guardian**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Name of teacher sending field trip information:

## Ben Lamp ext. 5654, lampben@pewaukeeschools.org

## Jeanne Bjork ext. 5653, bjorjea@pewaukeeschools.org