

75 Foundation Ave. Haverhill, MA 01835 Phone 978.521.2616 Fax 978.521.2656

www.hillviewmontessori.org

**HVM Spring Trip Permission Slip** 

Today's Date: April 26: UE teachers and Assistants	Grade(s) attending: 4-6 grade	
Date of Trip: May 31- June 2 Destination: Y Camp Winth	rop, ME	
Brief description of activities on trip: The spring trip is an will take part in such activities as Ropes Course, archery	-	
Departure Time: 8:45AM (May 31) Time Returning to HV	'M: 2:30 PM (June 2)	
X I understand that I have to arrange for pick up from	n HVM at 2:45 PM	
How Students/Chaperones Transported: Coach Buses		
X Please send \$150 for our child to participate		
I allow my child to take part in life guard supervised kaya	king	(signature please)
I do not allow my child to take part in life guard supervise	ed kayaking	(signature please)
$\hfill \square$ I do not wish my child to attend this field trip, but w	vill be in school that day	
Please contact your child's teacher or the school nurse if allowed to carry and administer prescription medicate permission after they have been trained by the school have been trained to use them. Children can carry and substitution doctor's written permission.	tions to children during Field ol nurse to do so. Epi-pens ar	Trips ONLY with your written e carried by the teachers who
My child may attend the above HVM field trip. My child has the following medical concerns and/or allergies that the teacher and/or chaperones need to be aware of:		
□ My child will <b>not</b> need any medications on this Field Tr	ip	
$\hfill \square$ I will contact the school nurse about a plan for my child	I to have his/her medication on	this field trip.
X		
Parent/guardian signature	Date	

Please return this permission form to HVM by the following date: May 8