Mulrennan Middle School Nature's Classroom Field Trip

October 21st, 22nd, and 25th, 2021

Dear Parent:

The 6th Grade at Mulrennan Middle School is scheduled to attend Nature's Classroom on the dates above. The busses will leave promptly after homeroom and return to school in time for regular dismissal.

Nature's Classroom is an outdoor educational center for Hillsborough County Public Schools. It is located on 365 acres owned by Southwest Florida Water Management District in Northeast Hillsborough County on the Hillsborough River. Nature's Classroom offers all public school sixth grade students in Hillsborough County a three day, hands on learning adventure.

The cost for this trip is \$12, which will cover the bus transportation to and from Nature's Classroom on October 21st, 22nd, and 25th. The bus transportation must be paid for separately and can be paid by exact cash or check made out to Mulrennan Middle School. Your child's student number must be written on the check.

While at Nature's Classroom, students may want to have additional money to purchase ice cream sandwiches or other snacks for \$2 cash. The vending machines in the shelters have water bottles that can be purchased for \$1.75. Official Nature's Classroom t-shirts will be sold for \$15 cash. These items can be purchased any of the days attending the trip.

Students may bring their own lunch from home or pre-order an official bagged school lunch (sandwich, fruit, drink, etc.). Containers will be available for students to leave lunches in during the day. Please do not bring any glass containers.

***** ALL STUDENTS NEED TO BRING A WATER BOTTLE *****

Clothing for this trip should be in accordance with the <u>School District dress code</u>. The students will be outside for the majority of the day. Students should dress in layers depending on the weather each day. <u>Closed-toed</u>, <u>closed-backed shoes are required to be worn by students</u>. Bug spray and sunscreen is **not permitted** at Nature's Classroom. It should be applied <u>before</u> coming to school. Nature's Classroom is a heavily shaded area. Students do not need to bring backpacks to school for these three days, just a drawstring bag.

There will be several photo opportunities while students are engaged in their learning activities. Students are allowed to bring cell phones, digital cameras, or disposable cameras while enjoying these activities. Students will wait for permission from their instructor for appropriate times when cameras may be used. Please do not bring any other electronic devices other than what is listed above. Cameras along with other items brought to Nature's Classroom will be the student's responsibility. No candy or gum is allowed on school campus or at Nature's Classroom.

Appropriate behavior is expected from ALL students. Misbehavior will result in the students losing the privilege of attending the remaining days of the field trip. NO REFUNDS will be given. In order for students to attend the first day of the field trip, the attached forms and money need to be returned by Friday, October 15th, 2021 (completely filled out) to the homeroom teacher.



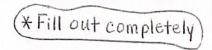


APPLICATION FOR PARTICIPATION

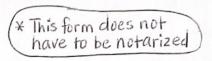
Instructional Field Trips

This form is used for recording student requests to participate in instructional field trips and the parent or guardian's permission for them to participate and travel in specified transportation. It must be on file before a student may participate.

, am a student in	Control of the second second	classat	School
Print Name of Student	Print Name of Class	Print Na	me of School
My parent/guardian's name is:			
	Print Name of Parent/	Guardian	Se las une l'expert du
My home address is:			
Print Street Address	City	State	Zip
he School District of Hillsborough County Student oring honor to my school and myself in return for th	ne privilege of being include	ed as a participant in f	ield trip activities.
Student's Signature		Date of Signat	ure
As parent or guardian, I request that	Drint Name of Student	parti	cipate in the field trip to
As parent or guardian, I request that	Print Name of Student hat will be conducted on		
As parent or guardian, I request that Nature's Classroom to the Print Name of Trip Destination	hat will be conducted on		
As parent or guardian, I request that Nature's Classroom to Print Name of Trip Destination understand that transportation for the trip will be property.	hat will be conducted on _C rovided by	Ctober 215+, a Month/Da	22nd and 25th,
As parent or guardian, I request that Nature's Classroom to the Print Name of Trip Destination	hat will be conducted on <u>C</u> rovided by ent, teacher, and/or licensed	Ctober 215+, a Month/Da	22nd and 25th,
As parent or guardian, I request that Nature's Classroom the Print Name of Trip Destination understand that transportation for the trip will be proceeded as a pare School District of Hillsborough	hat will be conducted on	Month/Da Student, none of which	22nd and 25th,
Print Name of Trip Destination I understand that transportation for the trip will be proceeded by the private automobile of a pare School District of Hillsborough AND/OR A regular school bus operated by the private automobile of a pare School District of Hillsborough AND/OR	hat will be conducted on County by the School District of H	Month/Da student, none of which	22nd and 25th,







FIELD TRIP MEDICAL RELEASE FORM

This form is used for recording parental permission for medical and/or surgical treatment in case of medical concerns on a field trip. A notarized signature is required for an overnight or out-of-state field trip.

Student Name:	School:
Date of Birth:	Student #:
Location of Field Trip: Nature's Classroom	Date(s) of Field Trip: October 21, 22 and 25, 2
As the parent and/or legal guardian of (print student name). Tauthorize Hillsborough County Public Schools, its agent consent to any medical emergency treatment, including he the supervision of a licensed health care provider. The part My signature below represents consent and agreement to	ts, employees, and other officers to procure and ospital care, to be rendered to my child by or under rent/legal guardian is responsible for any fees or costs. the matters stated above.
Parent/Guardian S	ignature Date
STATE OF FLORIDA, COUNTY OF	
SUBSCRIBED and sworn to before me, a Notary Public,	this day of, 20
Signature of Notary:	
Medical Insurance Company:	Policy #:
Student's Address:	Phone:
Father's Name:	Phone (Day):
Business Name (if applicable):	Phone (Evening):
Mother's Name:	Phone (Day):
Business Name (if applicable):	
Family Physician's Name:	Phone:
Physician Address (street, city, state):	
Check any health conditions that apply (if none, leave bla	nk). Allergies Asthma Diabetes Seizures
Heart condition Other (please describe):	
Medications prescribed:	
Hospital preference:	
NOTE: In the event of an emergency medical situation, the will be made to contact the student's parent/guardian regularity.	

Fill out this page completely and return to the HOMEROOM Teacher by Friday, October 15th, 2021

Student Name (Please print):		
Parent Name (Please print):		
Emergency Phone Number (in case we need to reach you while at Nature's Classroom):		
Please check one of the following: THIS IS VERY IMPORTANT		
My child DOES NOT need medication for the N. Classroom field trip		
My child needs to take medication on the N. Classroom field trip. (Ensure your child's medication is up to date with the school nurse)		
Please check one of the following: THIS IS VERY IMPORTANT		
My child WILL NEED a bagged school lunch		
My child will bring lunch from home. (Please make sure lunch is in a lunch box or Ziploc plastic bag)		
Checklist: Turned in to HOMEROOM teacher by Friday, October 15th, 2021		
Application for Participation Instructional Field Trip Form (completely filled out) Field Trip Medical Release Form (completely filled out) \$12 Transportation Fee (exact cash or checks made out to Mulrennan Middle Schoolinclude student number on check)		